

FORM 1 VOLUNTARY PETITION

United States Bankruptcy Court		VOLUNTARY PETITION	
District of			
IN RE (Name of debtor - If individual, enter Last, First, Middle) Diego CARDONA		NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle)	
ALL OTHER NAMES used by debtor in the last 6 years (Include married, maiden and trade names) none		ALL OTHER NAMES used by the joint debtor in the last 6 years (Include married, maiden and trade names.)	
SOC. SEC./TAX I.D. NO. (If more than one, state all) 139-48-2122		SOC. SEC./TAX I.D. NO. (If more than one, state all)	
STREET ADDRESS OF DEBTOR (No. and street, city, state, zip) 12 Wilson Terrace Elizabeth NJ 07208		STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, zip)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Union		COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS	
MAILING ADDRESS OF DEBTOR (If different from street address) same		MAILING ADDRESS OF JOINT DEBTOR (If different from street address)	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from addresses listed above)		Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliates, general partner or partnership pending in this District.	

INFORMATION REGARDING DEBTOR (Check applicable boxes)

TYPE OF DEBTOR <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint (H&W) <input type="checkbox"/> Partnership <input type="checkbox"/> Other NATURE OF DEBT <input type="checkbox"/> Non-Business Consumer <input type="checkbox"/> Business - Complete A&B below A. TYPE OF BUSINESS (check one box) <input type="checkbox"/> Farming <input type="checkbox"/> Professional <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Railroad <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacturing/ Mining <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Construction <input type="checkbox"/> Real Estate <input type="checkbox"/> Other Business B. BRIEFLY DESCRIBE NATURE OF BUSINESS		CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> § 304-Case Ancillary to Foreign Proceeding FILING FEE (Check one box) <input checked="" type="checkbox"/> Filing fee attached. <input type="checkbox"/> Filing fee to be paid in installments. (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b), see Official Form No. 3 NAME AND ADDRESS OF LAW FIRM OR ATTORNEY Anna C. Little Esq. 300 Kimball Street Suite 106 Woodbridge NJ 07095 Telephone No. NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT THE DEBTOR Anna C. Little Esq. <input type="checkbox"/> Debtor is not represented by an attorney. Telephone no. of debtor not represented by an attorney: ()	
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STATISTICAL ADMINISTRATIVE INFORMATION (28
(Estimates only) (Check applicable boxes)

<input type="checkbox"/> Debtor estimates that funds will be available for distri	
<input checked="" type="checkbox"/> Debtor estimates that after any exempt property is ex	
ESTIMATED NUMBER OF CREDITORS <input type="checkbox"/> 1-15 <input checked="" type="checkbox"/> 16-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100	
ESTIMATED ASSETS (in thousands of dollars) <input type="checkbox"/> Under 50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> 1000-	
ESTIMATED LIABILITIES (in thousands of dollars) <input type="checkbox"/> Under 50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> 1000-	
ESTIMATED NUMBER OF EMPLOYEES - CH 11 & 12 <input type="checkbox"/> 0 <input type="checkbox"/> 1-19 <input type="checkbox"/> 20-99	
ESTIMATED NO. OF EQUITY SECURITY HOLDERS <input type="checkbox"/> 0 <input type="checkbox"/> 1-19 <input type="checkbox"/> 20-99	

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

RECEIPT

Case # 01-39673 nNLW Chapter 7
Filed: 10:09 AM, 08/29/01 Newark
Judge: Novalyn L. Winfield
Trustee: Donald Biase
Debtor(s):
Diego Cardona
First Meeting of Creditors
10:00 AM, September 28, 2001
One Newark Center
One Newark Center
Suite 1401, Office of the US Trustee
Newark, NJ 07102-5504

000153771 - MB
11:22 AM, August 29, 2001
Code Qty Amount
NF 1 \$30.00
07 1 \$170.00
ORIGINAL
TOTAL PAID: \$200.00
From: Anna C. Little
300 Kimball Street
Suite 106
Woodbridge, NJ 07095-0000

Name of Debtor Diego Cardona

Case No. _____

(Court use only)

FILING OF PLAN

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.

☐ A copy of debtor's proposed plan dated _____ is attached.

☐ Debtor intends to file a plan within the time allowed by statute, rule, or order of the court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)

Location Where Filed	Case Number	Date Filed

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THIS DEBTOR (If more than one, attach additional sheet.)

Name of Debtor	Case Number	Date
Relationship	District	Judge

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

SIGNATURES

ATTORNEY

X

Signature

Date

INDIVIDUAL /JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct.

X Diego I CARDONA

Signature of Debtor

Date

X

Signature of Joint Debtor

Date

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct, and that the filing of this petition on behalf of the debtor has been authorized.

X

Signature of Authorized Individual

Print or Type Name of Authorized Individual

Title of Individual Authorized by Debtor to File this Petition

Date

EXHIBIT "A" (To be completed if debtor is a corporation requesting relief under chapter 11.)

☐ Exhibit "A" is attached and made a part of this petition.

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS (See P.L. 98-353 § 322)

I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney, exhibit "B" has been completed.

X Diego I CARDONA

Signature of Debtor

Date

X

Signature of Joint Debtor

Date

EXHIBIT "B" (To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X

Signature of Attorney

Date

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re: Diego Cardona

Debtor(s)

Case No.

(If Known)

See summary below for the list of schedules. Include Unsworn Declaration under Penalty of Perjury at the end.

GENERAL INSTRUCTIONS: Schedules D, E and F have been designed for the listing of each claim only once. Even when a claim is secured only in part, or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed in Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

Name of Schedule	Attached (Yes No)	Number of sheets	Amounts Scheduled		
			Assets	Liabilities	Other
A - Real Property	Y	7	13,511.32		
B - Personal Property	Y	2	5,400.00		
C - Property Claimed as Exempt	Y	1			
D - Creditors Holding Secured Claims	Y	1		00.00	
E - Creditors Holding Unsecured Priority Claims	Y	1		00.00	
F - Creditors Holding Unsecured Nonpriority Claims	Y	1		25,396.52	
G - Executory Contracts and Unexpired Leases	Y	1			
H - Codebtors	Y	1			
I - Current Income of Individual Debtor(s)	Y	4			640.34
J - Current Expenditures of Individual Debtor(s)	Y	1			1335.00
Total Number of Sheets of All Schedules		20			
Total Assets			18,911.32		
Total Liabilities				25,396.52	

In re: Diego CARDONA

Debtor(s)

Case No.

(if known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
935 South Elmora Ave. Elizabeth, NJ	co-owner		\$220,000.00	209,852.86
12 Wilson Terrace Elizabeth NJ	co-owner		\$166,000.00	162,635.82

Total ->

\$ 386,000.00

(Report also on Summary of Schedules.)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings including audio, video and computer equipment.		bed, desk, IBM Computer		\$1,900.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		varied/assorted casual clothes		\$500.00
7. Furs and jewelry.	X			
8. Firearms and sports, photo-graphic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			

Prepared By:

DEED


ALCIDES T. ANDRIL, ESQ.

This DEED is made on December 31, 1998,

BETWEEN LUZ M. MARTINEZ, married

whose address is 507 Grier Avenue, Elizabeth, New Jersey referred to as to the GRANTOR.

AND MARIO C. RESTREPO and DIEGO A. CARDONA

whose post office address is about to be 935 South Elmora Avenue, Elizabeth, New Jersey referred to as the GRANTEE.

The words "GRANTOR" and "GRANTEE" shall mean all GRANTORS and all GRANTEES listed above.

Transfer of Ownership. The GRANTOR grants and conveys (transfers ownership of) the property described below to the GRANTEE. This transfer is made for the sum of TWO HUNDRED TWENTY THOUSAND DOLLARS (\$220,000.00). The GRANTOR acknowledges receipt of this money.

Tax Map Reference. (N.J.S.A. 46:15-2.1) Municipality of Elizabeth Block No. 4 Lot No. 1432 Account No.

Property. The property consists of the land and all the buildings and structures on the land in the City of Elizabeth County of Union and State of New Jersey. The legal description is :

SEE SCHEDULE "A" LEGAL DESCRIPTION ATTACHED.

BEING THE SAME PREMISES CONVEYED TO THE MORTGAGOR HEREIN BY DEED OF INOCENTE SEARA and ESTRELLA SEARA, his wife, DATED AUGUST 25, 1993 AND RECORDED IN THE OFFICE OF THE REGISTER OF UNION COUNTY ON SEPTEMBER 20, 1993 IN DEED BOOK 4009 AT PAGE 14.

SUBJECT TO EASEMENTS RESTRICTIONS AND SUCH STATE OF FACTS AS AN ACCURATE SURVEY MAY DISCLOSE.



Received & Recorded Deed

Union County, NJ Inst. # 61818

1/08/1999 11:35

Joanne Rajoppi Consider. 220,000.00
County Clerk RT Fee 875.00
Operator MCDEVITT

DB4765-0287

RECIPIENT'S name, address and telephone number

converted from ECM (10126709)

Page 7 of 65

CHASE MANHATTAN MORTGAGE CORP.
1400 E. NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

PHONE NO. 800-527-3040

* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB NO 1545-0047
2000
Substitute Form 1098

MORTGAGE INTEREST STATEMENT

RECIPIENT'S Federal identification no.

22-1092200

PAYER'S social security number

152-98-4137

PAYER'S/BORROWER'S name, address, and zip code

14703

MARIO C RESTREPO
DIEGO CARDONA
12 WILSON TERRACE
ELIZABETH NJ 07208-1712

|||||

1 Mortgage interest received from payer(s)/borrower(s)	\$ 10,532.42
2 Points paid on purchase of principal residence (See Box 2 on back)	\$.00
3 Refund of overpaid interest (See Box 3 on back)	\$.00
4 Real estate taxes paid	\$ 3,184.93
Account number (optional)	1953079744
Loan type	F.H.A.

Copy B For Payer
The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

Form 1098 Substitute

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

ESCHOW RECONCILIATION	PRINCIPAL RECONCILIATION
\$3,350.34- BEGINNING BALANCE \$6,054.90 + DEPOSITS \$771.93 - MORTGAGE INS PAID \$3,184.93 - TAXES PAID \$1,252.30- ENDING BALANCE	\$211,257.16 BEGINNING BALANCE \$1,404.30 PRINCIPAL APPLIED \$209,852.86 ENDING BALANCE
	\$2,677.79 CURRENT PAYMENT \$1,185.70 CURRENT ESCROW PMT \$262.53 LATE CHARGES PAID PROPERTY ADDRESS: 935 S ELMORA AVE ELIZABETH NJ07208

2000 INTEREST CALCULATIONS

TOTAL INTEREST APPLIED 2000 (NEXT DUE DATE 11/01/00)	\$10,532.42
2000 MORTGAGE INTEREST RECEIVED FROM PAYER/BORROWER(S)	\$10,532.42

W

Prepared by:


MANUEL P. SANCHEZ, ESQ.

DEED

This Deed is made on *June 10, 1999*,

BETWEEN GLORIETTA MACARAEG, *n/k/a* GLORIETTA TISON AND JON TISON,
HER HUSBAND

whose address is *12 Wilson Terrace, Elizabeth, New Jersey*
referred to as the Grantor,

AND DIEGO CARDONA, MARRIED AND MARIO A. CARDONA, MARRIED

whose address is *about to be 12 Wilson Terrace, Elizabeth, New Jersey*
referred to as the Grantee.

The words "Grantor" and "Grantee" shall mean all Grantors and all
Grantees listed above.

Transfer of Ownership. The Grantor grants and conveys (transfers
ownership of) the property described below to the Grantee. This
transfer is made for the sum **ONE HUNDRED SIXTY SIX THOUSAND DOLLARS**
AND 00/100----- \$166,000.00. The Grantor acknowledges
receipt of this money.

Tax Map Reference. (N.J.S.A. 46:15-2.1) Municipality of *Elizabeth*
Block No. **13** Lot No. **1829** Account No.

Property. The property consists of the land and all the buildings
and structures on the land in the *City of Elizabeth*, County of *Union*,
State of New Jersey. The legal description is:

SEE SCHEDULE "A" ATTACHED

*Being the same premises conveyed to Glorietta Macaraeg by Deed from Antonio Macaraeg and
Gloria Macaraeg, his wife dated April 18, 1996 and recorded May 21, 1996 in Deed Book 4382
Page 115 in the Register's Office of Union County. Glorietta Macaraeg is married to Jon Tison
who joins in this conveyance.*

Being commonly known as 12 Wilson Terrace, Elizabeth, New Jersey.

*Subject to zoning ordinances, easements and restrictions of record, if any, and such state of facts as
an accurate survey may disclose.*

AND DIEGO CARDONA, MARRIED AND MARIO A. CARDONA, MARRIED

whose address is *about to be* 12 Wilson Terrace, Elizabeth, New Jersey
referred to as the Grantee.

The words "Grantor" and "Grantee" shall mean all Grantors and all
Grantees listed above.

Transfer of Ownership. The Grantor grants and conveys (transfers
ownership of) the property described below to the Grantee. This
transfer is made for the sum **ONE HUNDRED SIXTY SIX THOUSAND DOLLARS**
AND 00/100-----\$166,000.00. The Grantor acknowledges
receipt of this money.

Tax Map Reference. (N.J.S.A. 46:15-2.1) Municipality of *Elizabeth*
Block No. **13** Lot No. **1829** Account No.

Property. The property consists of the land and all the buildings
and structures on the land in the *City of Elizabeth,* County of *Union,*
State of New Jersey. The legal description is:

SEE SCHEDULE "A" ATTACHED

*Being the same premises conveyed to Glorietta Macaraeg by Deed from Antonio Macaraeg and
Gloria Macaraeg, his wife dated April 18, 1996 and recorded May 21, 1996 in Deed Book 4382
Page 115 in the Register's Office of Union County. Glorietta Macaraeg is married to Jon Tison
who joins in this conveyance.*

Being commonly known as 12 Wilson Terrace, Elizabeth, New Jersey.

*Subject to zoning ordinances, easements and restrictions of record, if any, and such state of facts as
an accurate survey may disclose.*



Received & Recorded Deed
Union County, NJ Inst. # 67780
6/21/1999 11:41
Joanne Rajoppi Consider. 166,000.00
County Clerk RT Fee 806.00
Operator SCRILLO

DB4831-0096

CENTRAL LOAN ADMIN & REPORTING
P.O. Box 77404
Ewing, NJ 08628

PHONE NO. 1-888-686-5459

Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-0047
2000
Substitute Form 1098

12/31/00
MORTGAGE INTEREST STATEMENT

RECIPIENT'S Federal identification no.

21-0534340

PAYER'S social security number

139-48-2122

PAYER'S/BORROWER'S name, address, and zip code

26509

DIEGO CARDONA
MARIO A CARDONA
12 WILSON TERRACE
ELIZABETH NJ 07208-1712

XX

1 Mortgage interest received from payer(s)/borrower(s)

\$ 14,167.71

2 Points paid on purchase of principal residence (See Box 2 on back)

\$.00

3 Refund of overpaid interest (See Box 3 on back)

\$.00

4 Real estate taxes paid

\$ 4,877.08

Account number (optional) Loan type

0000236851 F.H.A.

Copy B For Payer

The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this return of interest on your return.

Form 1098 Substitute

(Keep for your records)

Department of the Treasury - Internal Revenue Service

ESCROW RECONCILIATION		PRINCIPAL RECONCILIATION	
\$1,370.92	BEGINNING BALANCE	\$164,171.33	BEGINNING BALANCE
\$6,632.50	+ DEPOSITS	\$1,535.51	PRINCIPAL APPLIED
\$799.06	- MORTGAGE INS PAID	\$162,635.82	ENDING BALANCE
\$461.00	- HAZARD INS PAID		
\$4,877.08	- TAXES PAID		
\$1,866.28	*ENDING BALANCE		
		\$1,730.86	CURRENT PAYMENT
		\$522.92	CURRENT ESCROW PMT
		\$68.68	LATE CHARGES PAID
		PROPERTY ADDRESS:	
		12 WILSON TERRACE	
		ELIZABETH NJ07208	
*BALANCE HELD FOR NEXT YEARS DISBURSEMENTS, NOT A SURPLUS			

2000 INTEREST CALCULATIONS

TOTAL INTEREST APPLIED 2000 (NEXT DUE DATE 01/01/01) \$14,167.71

2000 MORTGAGE INTEREST RECEIVED FROM PAYER/BORROWER(S) \$14,167.71

OUTSTANDING LATE FEES DUE \$137.36

THIS REFLECTS THE ACTIVITY FOR THE PERIOD WE SERVICED YOUR LOAN IN 2000. IF YOUR LOAN WAS SERVICED BY ANOTHER COMPANY IN 2000 YOU WILL RECEIVE A SEPARATE STATEMENT.

CENLAR
CENTRAL LOAN ADMINISTRATION & REPORTING

In re: Diego Cardona

Debtor(s)

Case No.

(if known)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interest in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		Mitsubishi Montero Sport 1999		\$18,000.00 Financing balance \$15,000.00
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed. Itemize.	X			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules)				Total -> \$ 5,400.00

continuation sheets attached

In re: Diego CARDONA

Debtor(s)

Case No.

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one box)

- ☐ 11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain states.
☒ 11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
935 South Elmora Ave. Elizabeth NJ	11 U.S.C. 522 (b)(2)	\$10,147.14	\$220,000.00
12 Wilson Terrace Elizabeth, NJ	11 U.S.C. 522(b)(2)	\$3,364.18	\$166,000.00
household furnishings	11 U.S.C. 522 (b)(2)	\$1,900.00	\$1,900.00
clothing	11 U.S.C. 522 (b)(2)	\$500.00	\$500.00
Mitsubishi Montero Sport	11 U.S.C.522 (b)(2)	\$3,000.00	\$3,000.00

In re: Diego CARDONA

Debtor(s)

Case No.

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C U D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			

continuation sheets attached

Subtotal ->
(Total of this page)

\$

Total ->
(Use only on last page)

\$

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on Summary of Schedules)

In re: Diego CARDONA

Debtor(s)

Case No.

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPE OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507 (a) (2).
- ☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$2000 per employee, earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (3).
- ☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (4).
- ☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to a maximum of \$2000 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507 (a) (5).
- ☐ Deposits by individuals
Claims of individuals up to a maximum of \$500 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507 (a) (6).
- ☐ Taxes and Certain Other Debts Owed to Governmental Units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507 (a) (7).
- ☐ Commitments to Maintain the Capital of an Insured Depository Institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a) (8).

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C U D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
A/C#						
A/C#						
A/C#						
A/C#						
A/C#						

Continuation sheets attached.

Subtotal ->
(Total of this page)

\$

Total ->
(use only on last page of the completed Schedule E)

\$

* If contingent, enter C; if unliquidated, enter U; if disputer, enter D.

(Report total also on Summary of Schedules)

In re: Diego CARDONA

Debtor(s) Case No. (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
A/C # 4121-7413-9791-9387 Capitol One Bank P.O.Box 85147 Richmond VA 23276					238.55
A/C # 4976x6 NCO Financial Systems P.O.Box 41457 Philadelphia PA 19101-1457					250.32
A/C # 03 62826 088654 Sears Center P. O.Box 182149 Colombus OH 43218-2149					3,266.86
A/C # 5408-2701-1008-0948 Fleet P.O.Box 15368 Wilmington DE 19886-5368					4,443.03
A/C # 4225-8106-5012-8195 Chase P.O.Box 15583 Wilmington DE 19886-1194					2325.76
A/C # 5458-0001-0351-0679 Direct Merchants Bank P.O.Box 21550 Tulsa OK 74121-1550					5,659.63
A/C # 4121-3721-0049-1041 Providian Financial P.O.Box 9539 Manchester NH 03108-9539					1,112.66
A/C # 99006722259000000 Mitsubishi P.O.Box 6044 Cypress CA 90630-0044					6,128.55
A/C # Summit Bank c/o Mellinger and Sanders 101 Gibraltar Drive Suite 2F Morris Plains NJ 07950					1,971.16
Subtotal -> (Total of this page)					\$ 25,396.52
Total -> (use only on last page of completed Schedule F.) (Report total also on Summary of Schedules)					\$ 25,396.52

Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Nonpriority Claims.

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

In re: Diego CARDONA

Debtor(s)

Case No.

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re: Diego CARDONA

Debtor(s)

Case No.

(If known)

SCHEDULE H - CODEBTORS☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

In re: Diego CARDONA

Debtor(s)

Case No.

(if known)

SCHEDULE 1 - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE		
	NAMES	AGE	RELATIONSHIP
single	none		

Employment:	DEBTOR	SPOUSE
Occupation	Pantry help	
Name of Employer	Suburban Golf Club	
How long employed	12/00- present	
Address of Employer	1730 Morris Ave. P.O.Box 1278 Union NJ 07083	

Income: (Estimate of average monthly income)

DEBTOR

SPOUSE

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly)	\$ 761.10	\$
Estimate monthly overtime	00.00	
SUBTOTAL	\$ 761.10	\$
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	113.67	
b. Insurance	7.08	
c. Union dues	00.00	
d. Other (Specify)	00.00	

SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 120.75	\$
TOTAL NET MONTHLY TAKE HOME PAY	\$ 640.34	\$

Regular income from operation of business or profession or farm

(attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's

use or that of dependents listed above.

Social security or other government assistance (Specify)

Pension or retirement income

Other monthly income (Specify)

TOTAL MONTHLY INCOME	\$ 640.34	\$
-----------------------------	------------------	-----------

TOTAL COMBINED MONTHLY INCOME	\$	(Report also on Summary of Schedules)
--------------------------------------	-----------	---------------------------------------

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

REGULAR RATE & HRS.		OTHER CURRENT HOURS / RATES OF PAY				EARNINGS	MISC. #1	NON TAXABLE	GROSS PAY
9.00	19.50	Converted from ECM (10126709)				175.50			175.50
.00	.00								
.00	.00								
CURRENT PERIOD									
EARNINGS		FEDERAL TAX		FICA		STATE TAX		LOCAL TAX	GARNISHEE
175.50		10.31		13.43		2.34		.00	.00
CURRENT DEDUCTIONS									
NJ SUI	2	3	4	5	6	7	DISABILITY		
.75	.00	.00	.00	.00	.00	.00	.88		
YEAR TO DATE TOTALS									
EARNINGS		FEDERAL TAX		FICA		STATE TAX		LOCAL TAX	GARNISHEE BAL.
4190.63		215.52		320.62		55.22		.00	.00
DEPT.	EMPLOYEE NAME			SOC. SEC. NO.		PERIOD ENDING		CHECK NUMBER	NET PAY
80	DIEGO CARDONA			139-48-2122		07/22/01		25246	147.79

UBURBAN GOLF CLUB • UNION, NEW JERSEY 07083

REGULAR RATE & HRS.		OTHER CURRENT HOURS / RATES OF PAY				EARNINGS	MISC. #1	NON TAXABLE	GROSS PAY
9.00	15.75	OVERTIME	VACATION	SICK PAY	HOLIDAY		.00	.00	
.00	.00	.00	.00	.00	.00		MISC. #2	GRATUITIES	
.00	.00	13.50	9.00	9.00	9.00	141.75	.00	.00	141.75
CURRENT PERIOD									
EARNINGS		FEDERAL TAX		FICA		STATE TAX		LOCAL TAX	GARNISHEE
141.75		5.25		10.84		1.83		.00	.00
CURRENT DEDUCTIONS									
NJ SUI	2	3	4	5	6	7	DISABILITY		
.61	.00	.00	.00	.00	.00	.00	.71		
YEAR TO DATE TOTALS									
EARNINGS		FEDERAL TAX		FICA		STATE TAX		LOCAL TAX	GARNISHEE BAL.
4015.13		205.21		307.19		52.88		.00	.00
EPT.	EMPLOYEE NAME			SOC. SEC. NO.		PERIOD ENDING		CHECK NUMBER	NET PAY
80	DIEGO CARDONA			139-48-2122		07/15/01		25157	122.51

UBURBAN GOLF CLUB • UNION, NEW JERSEY 07083

REGULAR RATE & HRS.		OTHER CURRENT HOURS / RATES OF PAY				EARNINGS	MISC. #1	NON TAXABLE	GROSS PAY
9.00	23.75	OVERTIME	VACATION	SICK PAY	HOLIDAY		.00	.00	
.00	.00	.00	.00	.00	.00		MISC. #2	GRATUITIES	
.00	.00	13.50	9.00	9.00	9.00	213.75	.00	.00	213.75
CURRENT PERIOD									
EARNINGS		FEDERAL TAX		FICA		STATE TAX		LOCAL TAX	GARNISHEE
213.75		16.05		16.35		2.91		.00	.00
CURRENT DEDUCTIONS									
NJ SUI	2	3	4	5	6	7	DISABILITY		
.50	.00	.00	.00	.00	.00	.00	.00	.00	1.07
YEAR TO DATE TOTALS									
EARNINGS		FEDERAL TAX		FICA		STATE TAX		LOCAL TAX	GARNISHEE BAL.
4404.38		231.57		336.97		58.13		.00	.00
EPT.	EMPLOYEE NAME			SOC. SEC. NO.		PERIOD ENDING		CHECK NUMBER	NET PAY
80	DIEGO CARDONA			139-48-2122		07/29/01		25338	176.45

In re: Diego CARDONA

Debtor(s)

Case No.

(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home)	\$ 250.00
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Utilities Electricity and heating fuel	00.00
Water and sewer	00.00
Telephone	00.00
Other	00.00
Home maintenance (repairs and upkeep)	00.00
Food	175.00
Clothing	00.00
Laundry and dry cleaning	20.00
Medical and dental expenses	00.00
Transportation (not including car payments)	60.00
Recreation, clubs and entertainment, newspapers, magazines, etc.	80.00
Charitable contributions	00.00
Insurance (not deducted from wages or included in home mortgage payments)	
Homeowner's or renter's	00.00
Life	00.00
Health	00.00
Auto	100.00
Other	

Taxes (not deducted from wages or included in home mortgage payments)
(Specify)

Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)

Auto	650.00
Other	

Alimony, maintenance, and support paid to others	00.00
Payments for support of additional dependents not living at your home	00.00
Regular expenses from operation of business, profession, or farm (attach detailed statement)	00.00
Other	

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1335.00

(FOR CHAPTER 12 AND 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$
B. Total projected monthly expenses	\$
C. Excess income (A minus B)	\$
D. Total amount to be paid into plan each (interval)	\$



In re: Diego CARDONA

Debtor(s)

Case No.

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 20 sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date

Signature: Diego CARDONA

Debtor

Date

Signature: _____

(Joint Debtor, if any)

(If joint case, both spouses must sign.)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date

Signature: _____

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3671.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Diego Cardona

Debtor(s)

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-15 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 16-21. If the answer to any question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

☐ None 1. Income from Employment or Operation of Business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal year rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give AMOUNT and SOURCE (if more than one).

2001 \$5,122.72
2000 \$24,099.00
1999 \$ 00.00

☒ None 2. Income Other than from Employment or Operation of Business

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give AMOUNT and SOURCE.

3. Payments to Creditors

☒ None a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATES OF PAYMENTS, AMOUNT PAID and AMOUNT STILL OWING.

☒ None b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR, DATE OF PAYMENT, AMOUNT PAID and AMOUNT STILL OWING.

4. Suits and Administrative Proceedings, Executions, Garnishments and Attachments

☐ None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give CAPTION OF SUIT AND CASE NUMBER, NATURE OF PROCEEDING, COURT OR AGENCY AND LOCATION and STATUS OR DISPOSITION.

☒ None b. Describe all property that has been attached, garnished, or seized under any legal or equitable process within one year

Superior Court of New Jersey Law Division
Special Civil Part Union County Courthouse
Old Annex 3rd floor
2 Broad Street, Elizabeth, NJ 07202
Docket # DC-3336-01

a Control number		OMB No. 1545-0008		Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)			
b Employer identification number 0000000000		c Employer's name, address, and ZIP code SHERRILL GOLF CLUB 1700 MORRIS AVENUE P.O. BOX 1278 UNION NJ 07083		1 Wages, tips, other compensation 632.25	2 Federal income tax withheld 63.29		
d Employee's social security number 139-48-0122		3 Social security wages 632.25	4 Social security tax withheld 39.19				
e Employee's name, address, and ZIP code DIEGO ORNDON 12 WILSON TERRACE ELIZABETH NJ 07208		5 Medicare wages and tips 632.25	6 Medicare tax withheld 9.17	7 Social security tips .00	8 Allocated tips .00	9 Advance EIC payment .00	10 Dependent care benefits .00
		11 Nonqualified plans .00	12 Benefits included in box 1 .00	13 See insrs. for box 13 .00	14 Other 2.72 NJSUI 3.16 NJDSB .00		
16 State NJ	Employer's state I.D. no. 0000000000	17 State wages, tips, etc. 632.25	18 State income tax 8.89	19 Locality name	20 Local wages, tips, etc.	21 Local income tax	

Department of the Treasury—Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2** Wage and Tax Statement **2000**

1 Wages, tips, other comp. 5665.45 2 Federal income tax withheld 687.43
3 Social security wages 5964.26 4 Social security tax withheld 369.78
5 Medicare wages and tips 5964.26 6 Medicare tax withheld 86.48
a Control Number 008518 EJG Dept. 110 Corp. A Employer use only 23
c Employer's name, address, and ZIP code
MAPLEWOOD COUNTRY CLUB
28 BAKER ST
MAPLEWOOD NJ 07040
Batch #00603
b Employer's FED ID number 22-1091050 d Employee's SSA number 139-48-2122
7 Social security tips e Allocated tips
9 Advance EIC payment 10 Dependent care benefits
11 Nonqualified plans 12 Benefits included in box 1
13 See instrs. for box 13 D 298.81 14 Other 25.72 UI/HC/WF 30.26 NJ DI
15 Stat emp. Deceased Pension plan Legal rep. Deferred comp.
a1 Employee's name, address and ZIP code
DIEGO CARDONA
445 ELMORA AVE
ELIZABETH, NJ 07208
16 State Employer's state ID no. NJ 221091050/000 17 State wages, tips, etc. 5665.45
18 State income tax 93.54 19 Locality name
20 Local wages, tips, etc. 21 Local income tax

Employee Reference Copy
W-2 Wage and Tax Statement 2000
OMB No. 1545-0048
Copy C for employee's records.

2000 W-2 and EARNINGS SUMMARY
This blue Earnings Summary section is included with your W-2 to help describe portions in more detail.
The reverse side includes general information that you may also find helpful.
1. The following information reflects your final 2000 pay stub plus any adjustments submitted by your employer.
Gross Pay 6051.26 Social Security Tax Withheld Box 4 of W-2 369.78 NJ State Income Tax Box 18 of W-2 SUI/SDI Box 14 of W-2 93.54
Fed. Income Tax Withheld Box 2 of W-2 687.43 Medicare Tax Withheld Box 6 of W-2 86.48
2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.
Wages, Tips, other Compensation Box 1 of W-2 6,051.26 Social Security Wages Box 3 of W-2 6,051.26 Medicare Wages Box 5 of W-2 6,051.26 NJ State Wages, Tips, Etc. Box 17 of W-2 6,051.26
Gross Pay 6,051.26
Less 401(k) (D-Box 13) 298.81 N/A N/A 298.81
Less Meals 87.00 87.00 87.00 87.00
Reported W-2 Wages 5,665.45 5,964.26 5,964.26 5,665.45
3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.
Social Security Number: 139-48-2122
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 0
STATE: 0 Table A
DIEGO CARDONA
445 ELMORA AVE
ELIZABETH, NJ 07208
© 2000 AUTOMATIC DATA PROCESSING, INC.
Join the 40 million Americans who will e-file their income tax returns this year! Visit www.irs.gov for details.

Wages, tips, other comp. 17802.31 2 Federal income tax withheld 2362.44
3 Social security wages 18520.24 4 Social security tax withheld 1148.25
5 Medicare wages and tips 18520.24 6 Medicare tax withheld 268.54
a Control Number 008518 EJG Dept. 110 Corp. A Employer use only 22
c Employer's name, address, and ZIP code
MAPLEWOOD COUNTRY CLUB
8 BAKER ST
MAPLEWOOD NJ 07040
Batch #00915
b Employer's FED ID number 22-1091050 d Employee's SSA number 139-48-2122
7 Social security tips e Allocated tips
9 Advance EIC payment 10 Dependent care benefits
11 Nonqualified plans 12 Benefits included in box 1
13 See instrs. for box 13 17 717.93 14 Other 93.86 NJ DI 79.78 UI/HC/WF
15 Stat emp. Deceased Pension plan Legal rep. Deferred comp.
a1 Employee's name, address and ZIP code
DIEGO CARDONA
445 ELMORA AVE
ELIZABETH, NJ 07208
16 State Employer's state ID no. NJ 221091050/000 17 State wages, tips, etc. 17802.31
18 State income tax 277.73 19 Locality name
20 Local wages, tips, etc. 21 Local income tax

Employee Reference Copy
W-2 Wage and Tax Statement 1999
OMB No. 1545-0048
Copy C for employee's records.

1999 W-2 and EARNINGS SUMMARY
This blue Earnings Summary section is included with your W-2 to help describe portions in more detail.
The reverse side includes general information that you may also find helpful.
1. The following information reflects your final 1999 pay stub plus any adjustments submitted by your employer.
Gross Pay 18771.24 Social Security Tax Withheld Box 4 of W-2 1148.25 NJ State Income Tax Box 18 of W-2 SUI/SDI Box 14 of W-2 277.73
Fed. Income Tax Withheld Box 2 of W-2 2362.44 Medicare Tax Withheld Box 6 of W-2 268.54
2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.
Wages, Tips, other Compensation Box 1 of W-2 18,771.24 Social Security Wages Box 3 of W-2 18,771.24 Medicare Wages Box 5 of W-2 18,771.24 NJ State Wages, Tips, Etc. Box 17 of W-2 18,771.24
Gross Pay 18,771.24
Less 401(k) (D-Box 13) 717.93 N/A N/A 717.93
Less Meals 251.00 251.00 251.00 251.00
Reported W-2 Wages 17,802.31 18,520.24 18,520.24 17,802.31
3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.
Social Security Number: 139-48-2122
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 0
STATE: 0 Table A
DIEGO CARDONA
445 ELMORA AVE
ELIZABETH, NJ 07208

Form
1040EZ

Department of the Treasury - Internal Revenue Service

Income Tax Return for Single and
Joint Filers With No Dependents

2000

OMB No. 1545-0675

Use IRS Label

Your first name,
initial, & last name.
If a joint return,
spouse's first name,
initial, & last name.
Home address
(number and
street, & apt. no.).
If you have a P.O.
box, see inst.
City, town or post
office, state, & ZIP
code. If you have a
foreign address,
see instructions.
Presidential
Campaign (See inst.)

DIEGO CARDONA

12 WILSON TERRACE
Elizabeth NJ 07208-

Your social security number

139-48-2122

Spouse's social security number

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or spouse if a joint return, want \$3 to go to this fund?

You Spouse
☐ Yes ☐ No ☐ Yes ☐ No
Dollars Cents

Income

Attach
Form(s)
W-2 here.
Enclose, but
do not attach,
any payment.

1 Total wages, salaries, and tips. This should be shown in
box 1 of your W-2 form(s). Attach your W-2 form(s).

1

24,099.

2 Taxable interest. If the total is over \$400,
you cannot use Form 1040EZ.

2

3 Unemployment compensation, qualified state tuition program earnings,
and Alaska Permanent Fund dividends (see instructions).

3

4 Add lines 1, 2, and 3. This is your adjusted gross
income.

4

24,099.

Note. You
must check
Yes or No.

5 Can your parents (or someone else) claim you on their return?
Yes. Enter amount from worksheet on page 2. No. If single, enter 7,200.00.
If married, enter 12,950.00. See page 2 for explanation.☐☒

5

7,200.

6 Subtract line 5 from line 4. If line 5 is larger than
line 4, enter 0. This is your taxable income.

6

16,899.

Payments
and tax7 Enter your Federal income tax withheld from box 2 of
your W-2 form(s).

7

3,112.

8a Earned income credit (EIC). See instructions.

b Nontaxable earned income: enter type and amount below.

Type

\$

8a

NO

9 Add lines 7 and 8a. These are your total payments.

9

3,112.

10 Tax. Use the amount on line 6 above to find your tax
in the tax table in the instructions. Then, enter the tax
from the table on this line.

10

2,531.

Refund

11a If line 9 is larger than line 10, subtract line 10 from
line 9. This is your refund.

11a

581.

Have it
directly
deposited? See
instructions
and fill in 11b,
11c, and 11d.

b Routing number

c Type:

Checking

Savings

d Account
number☐☐☐Amount
you owe12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the
amount you owe. See instructions for details on how to pay.

12

I have read this return. Under penalties of perjury, I declare that to the best of my
knowledge and belief, the return is true, correct, and accurately lists all amounts and
sources of income I received during the tax year.

Sign Your signature
here 1

Keep
copy
for your
records.

Date

Your occupation

SALESMAN

Spouse's signature if joint return. See instructions.

Date

Spouse's occupation

For
Official
Use
Only

1 2 3 4 5
6 7 8 9 10

May the IRS discuss this return with the preparer shown on page 2 (see instructions)?

☐ Yes☒ No

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see inst.

2000 Form 1040EZ

CAA

0 1040EZ1

NTF 30752

GLD 4415

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Use this form if	<div><div>Your filing status is single or married filing jointly.</div><div>You do not claim any dependents.</div><div>You do not claim a student loan interest deduction (see instructions) or an education credit.</div><div>You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, qualified state tuition program earnings, or Alaska Permanent Fund dividends, and your taxable interest was not over \$400. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your W-2, you may not be able to use Form 1040EZ. See instructions. If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see instructions.</div><div>You did not receive any advance earned income credit payments.</div></div>	<div><div>You (and your spouse if married) were under 65 on January 1, 2001, and not blind at the end of 2000.</div><div>Your taxable income (line 6) is less than \$50,000.</div></div>
If you are not sure about your filing status, see instructions. If you have questions about dependents, use TeleTax topic 354 (see instructions). If you cannot use this form, use TeleTax topic 352 (see instructions).		

Filling in your return	Enter your (and your spouse's if married) social security number on page 1. Because this form is read by a machine, please print your numbers inside the boxes like this:										
For tips on how to avoid common mistakes, see instructions.	<table><tr><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>0</td></tr></table> Do not type your numbers. Do not use dollar signs.	9	8	7	6	5	4	3	2	1	0
9	8	7	6	5	4	3	2	1	0		
If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing Federal income tax withheld or if Federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.											
Remember, you must report all wages, salaries, and tips even if you do not get a W-2 form from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.											

Worksheet for dependents who checked "Yes" on line 5 (keep a copy for your records)	Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, use TeleTax topic 354 (see instructions).	
	A. Amount, if any, from line 1 on page 1	+ 250.00 Enter total j A. _____
	B. Minimum standard deduction	B. _____ 700.00
	C. Enter the larger of line A or line B here	C. _____
	D. Maximum standard deduction. If single, enter 4,400.00; if married, enter 7,350.00	D. _____
	E. Enter the smaller of line C or line D here. This is your standard deduction	E. _____
	F. Exemption amount.	F. _____
	If single, enter 0.	
	If married and--	
	--both you and your spouse can be claimed as dependents, enter 0.	
--only one of you can be claimed as a dependent, enter 2,800.00.		
G. Add lines E and F. Enter the total here and on line 5 on page 1 G. _____		
If you checked "No" on line 5 because no one can claim you (or your spouse if married) as a dependent, enter on line 5 the amount shown below that applies to you.		
Single, enter 7,200.00. This is the total of your standard deduction (4,400.00) and your exemption (2,800.00).		
Married, enter 12,950.00. This is the total of your standard deduction (7,350.00), your exemption (2,800.00), and your spouse's exemption (2,800.00).		

Mailing return	Mail your return by April 16, 2001 Use the envelope that came with your booklet. If you do not have that envelope, see instructions for the address to use.		
Paid preparer's use only	Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income received during the tax year. This declaration is based on all information of which I have any knowledge.		
See instructions.	Preparer's k signature l	Date 04/09/2001	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed).	EIN	Preparer's SSN or PTIN 624-28-8319
	address, and ZIP code	Phone no.	22-3189510
			908-355-7670
CAA 0 1040EZ2 NTF 30753 Copyright 2000 Greatland/Neleo LP - Forms Software Only		Form 1040EZ (2000)	

NJ-1040/
HR-1040
2000

PAGE 1



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

HOMESTEAD REBATE APPLICATION

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2000 or Other Tax Year

Beginning _____, 2000 Month Ending _____

THIS IS PAGE 1 OF YOUR 2000 NJ-1040/HR-1040. IT MUST
BE FILED IN ORDER FOR YOUR RETURN TO BE PROCESSED

0 0

Name
and
Address
139-48-2122
CARDONA DIEGO
12 WILSON TERRACE
Elizabeth

CARD

000-00-0000

2004

NJ 07208-0000

001	00	014	24099	038	334	008	0
EXT	0	15a	0	039	0	009	0
FS	1	15b	0	041	0	MS	0
006	1	016	0	042	334	010	0
007	0	017	0	043	381	012	0
008	0	018	0	044	0	13B	0
009	0	19a	0	045	0	13L	0
010	0	19b	0	046	0	13Q	0
011	0	19c	0	047	0	14a	0
12a	1	020	0	048	0	14b	0
12b	0	021	0	049	381	14c	0
13F	000000	022	0	050	0	14d	0
13T	000000	023	0	051	47	015	0
GEF	0	024	0	052	0	16a	0
DNM	0	025	0	053	0	16b	0
22c	0	026	24099	054	0	017	0
22I	0	028	0	055	0	18a	0
PA	0	30c	1000	056	0	18b	0
		031	0	057	0	EI1	0
		032	0	058	0	EI2	0
		033	0	58C	00	EI3	0
		036	0	059	0	EI4	0
		037	23099	060	47		

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 50 in full. Write Social Security # on check or money order and make payable to:

STATE OF NEW JERSEY - TGI

If you have an amount due, enclose your check and NJ-1040-Y payment voucher and your return to: NJ

Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111

IF REFUND: NJ Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555

j _____ j _____ Your Signature Date Spouse's Signature (If filing jointly, BOTH must sign)	
Paid Preparer's Signature	
Federal Identification Number 624-28-8319	
Firm's Name COSTAMAR TRAVEL Elizabeth NJ 07208- Federal Employer Identification No. 22-3189510	

0 NJ1 NTF 33500 Copyright 2000 Greatland/Neko LP - Forms Software Only

UTS

NJ-1040/HR-1040 (2000)

PAGE 2

Name CARDONA DIEGO	Social Security Number 139-48-2122
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FILING STATUS 1. <input checked="" type="checkbox"/> Single 2. <input type="checkbox"/> Married, filing joint return 3. <input type="checkbox"/> Married, filing separate return 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)	
EXEMPTIONS 6. Regular 7. Age 65 or Over 8. Blind or Disabled 9. Number of qualified dependent children	10. Number of other dependents 11. Dependents attending colleges 12. Totals (Line 12a -- Add Lines 6, 7, 8 and 11) (Line 12b -- Add Lines 9 and 10)

RESIDENCY STATUS 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency:	From MONTH DAY YEAR To MONTH DAY YEAR
14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	15a. Taxable interest income
15b. Tax exempt interest income. DO NOT include on Line 15a	16. Dividends
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	18. Net gains or income from disposition of property (Schedule B, Line 4)
19. Pensions, Annuities, and IRA Withdrawals	20. Distributive Share of Partnership Income (See instructions)
21. Net pro rata share of S Corporation Income (See instructions)	22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)
23. Net Gambling Winnings	24. Alimony and separate maintenance payments received
25. Other (See instructions)	26. Total income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)
27. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS	28. Other Retirement Income Exclusion (See Worksheet and instr.)
29. New Jersey Gross Income (Subtract Line 28 from Line 26) See instructions	30a. Exemptions: From Line 12a 1 x \$1,000 = 1,000.
30b. From Line 12b x \$1,500 =	30c. Total Exemption Amount (Add Line 30a and Line 30b) Part Year Residents see instructions
31. Medical Exp/Medical Savings Acct Contributions (See Worksheet and instr.)	32. Alimony and Separate Maintenance Payments
33. Qualified Conservation Contribution	34. Total Exemptions and Deductions (Add Lines 30c, 31, 32 and 33)
35. Taxable Income (Subtract Line 34 from Line 29) If zero or less, MAKE NO ENTRY	36. Property Tax Deduction (See instructions)
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35) If zero or less, MAKE NO ENTRY	38. Tax (From Tax Tables)
39. Credit For Income Taxes Paid to Other Jurisdictions (See instructions)	40. Balance of Tax (Subtract Line 39 from Line 38)
41. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO	42. Total Tax (Add Line 40 and Line 41)
43. Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099-R)	44. Property Tax Credit (See instructions)
45. New Jersey Estimated Tax Payments/Credit from 1999 tax return	46. New Jersey Earned Income Tax Credit
47. EXCESS New Jersey UI/HC/WD Withheld (See instr.) (Enclose Form NJ-2450)	48. EXCESS New Jersey Disability Insurance Withheld (See instr.) (Enclose Form NJ-2450)
49. Total Payments/Credits (Add Lines 43 through 48)	

NJ-1040/HR-1040 (2000)

PAGE 3

Name CARDONA DIEGO		Social Security Number 139-48-2122	
50. If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE	50		
If you owe tax, you may make a donation by entering an amount on Lines 53, 54, 55, 56, 57 and/or 58 and adding this to your check amount.			
51. If payments (Line 49) are MORE THAN tax (Line 42) enter OVERPAYMENT	51	47.	
NOTE: AN ENTRY ON LINES 52, 53, 54, 55, 56, 57 AND/OR 58 WILL REDUCE YOUR TAX REFUND.			
Deductions from Overpayment on Line 51 which you elect to credit to:			
52. Your 2001 tax	52		
53. The N.J. Endangered Wildlife Fund	\$10 \$20 Other	53	
54. N.J. Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Other	54	
55. The N.J. Vietnam Veterans' Memorial Fund	\$10 \$20 Other	55	
56. N.J. Breast Cancer Research Fund	\$10 \$20 Other	56	
57. U.S.S. New Jersey Educational Museum Fund	\$10 \$20 Other	57	
58. Other Designated Contribution	\$10 \$20 Other	58	
59. Total Deductions from Overpayment (Add Lines 52 through 58)	59		
60. REFUND (Amount to be sent to you, Line 51 LESS Line 59)	60	47.	

EARNED INCOME TAX CREDIT SCHEDULE

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2000, your gross income on Line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your Federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer "No" to question 1 below. See instructions.

1. Did you file a 2000 Federal Schedule EIC, on which you listed at least one "qualifying child"? ☐ Yes ☒ No
2. Fill in the box if you had the IRS figure your Federal Earned Income Credit ☐
3. Enter the amount of Federal Earned Income Credit from your 2000 Federal Form 1040 or 1040a 3
4. Enter 10% of amount on line 3 here and on Page 2, Line 46 4.

2000 HR-1040 HOMESTEAD REBATE APPLICATION

7. On December 31, 2000 I (and/or my spouse) was: ☐ Age 65 or older ☐ Blind or disabled ☐ Not 65 or blind or disabled
Fill in only one box. See instructions.
 8. Enter the GROSS INCOME you reported on Line 29, Form NJ-1040 or see instructions 8
 9. If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse's return (Line 29, Form NJ-1040) and check this box ☐ ☒ 9
 10. TOTAL GROSS INCOME (Add Line 8 and Line 9) 10.
- STOP - IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE.**
11. Enter your NJ residence on Dec. 31, 2000 if different than above. If you were not a resident on Dec. 31, 2000 enter your last NJ residence.
Street Address _____ Municipality _____
 12. Check your residency status during 2000: a. ☐ Homeowner b. ☐ Tenant c. ☐ Both
 13. If you checked "Homeowner" or "Both" on line 12, enter the block and lot number of the residence for which the rebate is claimed.
Block Lot Qualifier
 - 14a. Did you live at more than one New Jersey residence during the year? ☐ Yes ☐ No
 - b. Did you share ownership of a principal residence during the year with anyone, other than your spouse? ☐ Yes ☐ No
 - c. Did any principal residence you owned during the year consist of multiple dwelling units? ☐ Yes ☐ No
 - d. Did anyone, other than your spouse, occupy & share rent with you for an apt. or other rental dwelling during year? ☐ Yes ☐ No
 - Home Owner 15. Total 2000 prop. taxes you (& your spouse) paid on your principal resid. in NJ during 2000 15
 - 16a. Total Property taxes paid (Sch. HR-A, PART I, Line 5) 16a
 - 16b. Number of days as an owner (Sch. HR-A, PART I, Line 4) 16b
 17. Enter total rent you (and your spouse) paid on your principal residence in NJ during 2000 17
 - Tenant 18a. Total Rent paid (Sch. HR-A, PART II, Line 11) 18a
 - 18b. Number of days as a tenant (Sch. HR-A, PART II, Line 10) 18b

I authorize the Division of Taxation to discuss my return and enclosures with my preparer ☐

UTSO NJ3

NTF 33502

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a Control number		OMB No. 1545-0008		Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)			
b Employer identification number 000000000		1 Wages, tips, other compensation 632.25		2 Federal income tax withheld 63.19			
c Employer's name, address, and ZIP code QUARTERLY GOLF CLUB 17000 BURRIS AVENUE D. D. BOX 1273 MELTON NJ 07728		3 Social security wages 632.25		4 Social security tax withheld 39.19			
d Employer's social security number 134-40-1122		5 Medicare wages and tips 632.25		6 Medicare tax withheld 4.17			
e Employer's name, address, and ZIP code QUARTERLY GOLF CLUB 17000 BURRIS AVENUE D. D. BOX 1273 MELTON NJ 07728		7 Social security tips 0.00		8 Allocated tips 0.00			
f Advance EIC payment 0.00		9 Advance EIC payment 0.00		10 Dependent care benefits 0.00			
g Nonqualified plans 0.00		11 Nonqualified plans 0.00		12 Benefits included in box 1 0.00			
h See instr. for box 13 0.00		13 See instr. for box 13 0.00		14 Other 2.72 NISUI 3.16 NISUI 0.00			
15 Statutory employee		16 Decedent		17 Pension plan		18 Legal tip	
19 Deferred compensation		20 Local wages, tips, etc.		21 Local income tax			
16 State Employer's state I.D. no. 000000000		17 State wages, tips, etc. 632.25		18 State income tax 8.89			
19 Locally name		20 Local wages, tips, etc.		21 Local income tax			

Form **W-2** Wage and Tax Statement **2000**

Department of the Treasury—Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

1 Wages, tips, other comp.	5665.45	2 Federal income tax withheld	687.43
3 Social security wages	5964.26	4 Social security tax withheld	86.48
5 Medicare wages and tips	5964.26	6 Medicare tax withheld	86.48
a Control Number	008518 E.J.G.	Dept.	110
Corp.		Employer use only	A 23
c Employer's name, address, and ZIP code			
MAPLEWOOD COUNTRY CLUB 28 BAKER ST MAPLEWOOD NJ 07040			
Batch #00603			
b Employer's FED ID number	22-1091050	d Employee's SSA number	139-48-2122
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12 Benefits included in box 1	
13 See instrs. for box 13	D 298.81	14 Other	
15 Stat emp.	Declass	Pension plan	X
Legal rep.		Deferred comp.	X
e Employee's name, address and ZIP code			
DIEGO CARDONA 445 ELMORA AVE ELIZABETH, NJ 07208			
16 State	Employer's state ID no.	17 State wages, tips, etc.	5665.45
NJ	221091050/000		
18 State income tax	93.54	19 Locality name	
20 Local wages, tips, etc.		21 Local income tax	
Employee Reference Copy W-2 Wage and Tax 2000 Copy C for employee's records. OMB No. 1545-0048			

Don't blue-ink this section. Enter only information that you may also find helpful.

1. The following information reflects your final 2000 pay stub plus any adjustments submitted by your employer:

Gross Pay	6051.26	Social Security Tax Withheld Box 4 of W-2	369.78	NJ State Income Tax Box 18 of W-2 SUI/SDI Box 14 of W-2	93.54
Fed. Income Tax Withheld Box 2 of W-2	687.43	Medicare Tax Withheld Box 6 of W-2	86.48		55.98

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NJ State Wages, Tips, Etc. Box 17 of W-2
Gross Pay	6,051.26	6,051.26	6,051.26	6,051.26
Less 401(k) (D-Box 13)	298.81	N/A	N/A	298.81
Less Meals	87.00	87.00	87.00	87.00
Reported W-2 Wages	5,665.45	5,964.26	5,964.26	5,665.45

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

DIEGO CARDONA 445 ELMORA AVE ELIZABETH, NJ 07208	Social Security Number: 139-48-2122 Taxable Marital Status: SINGLE Exemptions/Allowances: FEDERAL: 0 STATE: 0 Table A
--	---

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Join the 40 million Americans who will e-file their income tax returns this year! Visit www.irs.gov for details.

1999 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 1999 pay stub plus any adjustments submitted by your employer.

Gross Pay	18771.24	Social Security Tax Withheld Box 4 of W-2	1148.25	NJ State Income Tax Box 18 of W-2 SUI/SDI Box 14 of W-2	277.73
Fed. Income Tax Withheld Box 2 of W-2	2362.44	Medicare Tax Withheld Box 6 of W-2	268.54		173.64

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NJ State Wages, Tips, Etc. Box 17 of W-2
Gross Pay	18,771.24	18,771.24	18,771.24	18,771.24
Less 401(k) (D-Box 13)	717.93	N/A	N/A	717.93
Less Meals	251.00	251.00	251.00	251.00
Reported W-2 Wages	17,802.31	18,520.24	18,520.24	17,802.31

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

DIEGO CARDONA
445 ELMORA AVE
ELIZABETH, NJ 07208

Social Security Number: 139-48-2122
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 0
STATE: 0 Table A

Wages, tips, other comp.	17802.31	2 Federal income tax withheld	2362.44
Social security wages	18520.24	4 Social security tax withheld	1148.25
Medicare wages and tips	18520.24	6 Medicare tax withheld	268.54
Control Number	008518 E.J.G.	Dept.	110
Corp.		Employer use only	A 22
Employer's name, address, and ZIP code			
MAPLEWOOD COUNTRY CLUB 8 BAKER ST MAPLEWOOD NJ 07040			
Batch #00915			
b Employer's FED ID number	22-1091050	d Employee's SSA number	139-48-2122
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12 Benefits included in box 1	
13 See instrs. for box 13	D 717.93	14 Other	
15 Stat emp.	Declass	Pension plan	X
Legal rep.		Deferred comp.	X
Employee's name, address and ZIP code			
DIEGO CARDONA 445 ELMORA AVE ELIZABETH, NJ 07208			
16 State	Employer's state ID no.	17 State wages, tips, etc.	17802.31
NJ	221091050/000		
18 State income tax	277.73	19 Locality name	
20 Local wages, tips, etc.		21 Local income tax	
Employee Reference Copy W-2 Wage and Tax 1999			

Form
1040EZDepartment of the Treasury - Internal Revenue Service
Income Tax Return for Single and
Joint Filers With No Dependents

2000 OMB No. 1545-0675

Use IRS Label
Your first name,
initial, & last name.
If a joint return,
spouse's first name,
initial, & last name.
Home address
(number and
street, & apt. no.).
If you have a P.O.
box, see inst.
City, town or post
office, state, & ZIP
code. If you have a
foreign address,
see instructions.
Presidential
Campaign (See inst.)

DIEGO CARDONA

12 WILSON TERRACE
Elizabeth NJ 07208-

Your social security number

139-48-2122

Spouse's social security number

Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or spouse if a joint return, want \$3 to go to this fund? 1

You ☐ Yes ☐ No Dollars
Spouse ☐ Yes ☐ No Cents

Income

Attach
Form(s)
W-2 here.
Enclose, but
do not attach,
any payment.

1 Total wages, salaries, and tips. This should be shown in
box 1 of your W-2 form(s). Attach your W-2 form(s). 1 24,099.

2 Taxable interest. If the total is over \$400,
you cannot use Form 1040EZ. 2

3 Unemployment compensation, qualified state tuition program earnings,
and Alaska Permanent Fund dividends (see instructions). 3

4 Add lines 1, 2, and 3. This is your adjusted gross
income. 4 24,099.

Note. You
must check
Yes or No.

5 Can your parents (or someone else) claim you on their return?
Yes. Enter amount ☐ No. If single, enter 7,200.00.
from worksheet ☒ If married, enter 12,950.00.
on page 2. See page 2 for explanation. 5 7,200.

6 Subtract line 5 from line 4. If line 5 is larger than
line 4, enter 0. This is your taxable income. 6 16,899.

Payments
and tax

7 Enter your Federal income tax withheld from box 2 of
your W-2 form(s). 7 3,112.

8a Earned income credit (EIC). See instructions.

b Nontaxable earned income: enter type and amount below.
Type 5 8a NO

9 Add lines 7 and 8a. These are your total payments. 9 3,112.

10 Tax. Use the amount on line 6 above to find your tax
in the tax table in the instructions. Then, enter the tax
from the table on this line. 10 2,531.

Refund

Have it
directly
deposited? See
instructions
and fill in 11b,
11c, and 11d.

11a If line 9 is larger than line 10, subtract line 10 from
line 9. This is your refund. 11a 581.

b Routing number 11b
c Type: ☐ Checking ☐ Savings ☒ Account number 11c

Amount you owe 12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the
amount you owe. See instructions for details on how to pay. 12

I have read this return. Under penalties of perjury, I declare that to the best of my
knowledge and belief, the return is true, correct, and accurately lists all amounts and
sources of income I received during the tax year.

Sign 1 Your signature
here 1

Keep
copy
for your
records.

Date

Your occupation
SALESMAN

Spouse's signature if joint return. See instructions.

Date

Spouse's occupation

For
Official
Use
Only

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

May the IRS discuss this return with the preparer shown on page 2 (see instructions)? ☐ Yes ☒ No

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see inst.

2000 Form 1040EZ

CAA

O 1040EZ1

MTF 30752

GLD 4415

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Use this form if	Your filing status is single or married filing jointly.	You (and your spouse if married) were under 65 on January 1, 2001, and not blind at the end of 2000.
	You do not claim any dependents.	Your taxable income (line 6) is less than \$50,000.
	You do not claim a student loan interest deduction (see instructions) or an education credit.	
	You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, qualified state tuition program earnings, or Alaska Permanent Fund dividends, and your taxable interest was not over \$400. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your W-2, you may not be able to use Form 1040EZ. See instructions. If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see instructions.	
	You did not receive any advance earned income credit payments.	

If you are not sure about your filing status, see instructions. If you have questions about dependents, use TeleTax topic 354 (see instructions). If you cannot use this form, use TeleTax topic 352 (see instructions).

Filling in your return Enter your (and your spouse's if married) social security number on page 1. Because this form is read by a machine, please print your numbers inside the boxes like this:

9	8	7	6	5	4	3	2	1	0
---	---	---	---	---	---	---	---	---	---

For tips on how to avoid common mistakes, see instructions.

Do not type your numbers. Do not use dollar signs.

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing Federal income tax withheld or if Federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

Remember, you must report all wages, salaries, and tips even if you do not get a W-2 form from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

Worksheet for dependents who checked "Yes" on line 5 Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, use TeleTax topic 354 (see instructions).

(keep a copy for your records)

A. Amount, if any, from line 1 on page 1	_____	Enter total	A. _____
B. Minimum standard deduction	_____		B. 700.00
C. Enter the larger of line A or line B here	_____		C. _____
D. Maximum standard deduction. If single, enter 4,400.00; if married, enter 7,350.00	_____		D. _____
E. Enter the smaller of line C or line D here. This is your standard deduction	_____		E. _____
F. Exemption amount.			F. _____
If single, enter 0.	_____		
If married and—			
--both you and your spouse can be claimed as dependents, enter 0.	_____		
--only one of you can be claimed as a dependent, enter 2,800.00.	_____		
G. Add lines E and F. Enter the total here and on line 5 on page 1	_____		G. _____

If you checked "No" on line 5 because no one can claim you (or your spouse if married) as a dependent, enter on line 5 the amount shown below that applies to you.

Single, enter 7,200.00. This is the total of your standard deduction (4,400.00) and your exemption (2,800.00).

Married, enter 12,950.00. This is the total of your standard deduction (7,350.00), your exemption (2,800.00), and your spouse's exemption (2,800.00).

Mailing return Mail your return by April 16, 2001 Use the envelope that came with your booklet. If you do not have that envelope, see instructions for the address to use.

Paid preparer's use only Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income received during the tax year. This declaration is based on all information of which I have any knowledge.

Preparer's signature	k 1	Date	04/09/2001	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN	624-28-8319
Firm's name (or yours if self-employed), address, and ZIP code	k 1 COSTAMAR TRAVEL 310 MORRIS AVE Elizabeth NJ 07208-	EIN		Phone no.			22-3189510

See instructions.

CAA 0 1040EZ2 NTF 30753 Copyright 2000 Greatland/Nelco LP - Forms Software Only Form 1040EZ (2000)



Beginning _____, 2000 Month Ending _____

THIS IS PAGE 1 OF YOUR 2000 NJ-1040/HR-1040. IT MUST BE FILED IN ORDER FOR YOUR RETURN TO BE PROCESSED 0 0

Name and Address
139-48-2122
CARDONA DIEGO
12 WILSON TERRACE
Elizabeth
NJ 07208-0000

CARD
000-00-0000
2004

001	00	014	24099	038	334	008	0
EXT	0	15a	0	039	0	009	0
FS	1	15b	0	041	0	MS	0
006	1	016	0	042	334	010	0
007	0	017	0	043	381	012	0
008	0	018	0	044	0	13B	0
009	0	19a	0	045	0	13L	0
010	0	19b	0	046	0	13Q	0
011	0	19c	0	047	0	14a	0
12a	1	020	0	048	0	14b	0
12b	0	021	0	049	381	14c	0
13F	000000	022	0	050	0	14d	0
13T	000000	023	0	051	47	015	0
GEF	0	024	0	052	0	16a	0
DNM	0	025	0	053	0	16b	0
22c	0	026	24099	054	0	017	0
22I	0	028	0	055	0	18a	0
PA	0	30c	1000	056	0	18b	0
		031	0	057	0	EI1	0
		032	0	058	0	EI2	0
		033	0	58C	00	EI3	0
		036	0	059	0	EI4	0
		037	23099	060	47		

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature
Paid Preparer's Signature
Firm's Name COSTAMAR TRAVEL
Elizabeth
NJ 07208-

Date

Spouse's Signature (If filing jointly, BOTH must sign)
Federal Identification Number
624-28-8319
Federal Employer Identification No.
22-3189510

Pay amount on line 50 in full. Write Social Security # on check or money order and make payable to:
STATE OF NEW JERSEY - TGI
If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to: NJ Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08643-0111
IF REFUND: NJ Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555

0 NJ1 NTF 33500 Copyright 2000 Greatland/Nelec LP - Forms Software Only

UTS

Name CARDONA DIEGO	Social Security Number 139-48-2122
------------------------------	--

FILING STATUS	1. <input checked="" type="checkbox"/> Single	2. <input type="checkbox"/> Married, filing joint return	3. <input type="checkbox"/> Married, filing separate return	4. <input type="checkbox"/> Head of Household	5. <input type="checkbox"/> Qualifying Widow(er)		
EXEMPTIONS	6. Regular	7. Age 65 or Over	8. Blind or Disabled	9. Number of qualified dependent children	10. Number of other dependents	11. Dependents attending colleges	12. Totals (Line 12a -- Add Lines 6, 7, 8 and 11) (Line 12b -- Add Lines 9 and 10)

RESIDENCY STATUS	13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency:	From	To
		MONTH DAY YEAR	MONTH DAY YEAR
GUBERNATORIAL ELECTIONS FUND	Do you wish to designate \$1 of your taxes for this fund?	Yes	No
	If joint return, does your spouse wish to designate \$1?	Yes	No

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	24,099.
15a. Taxable interest income	15a	
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	
16. Dividends	16	
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	
19. Pensions, Annuities, and IRA Withdrawals	19a 19b 19c	
20. Distributive Share of Partnership Income (See instructions)	20	
21. Net pro rata share of S Corporation Income (See instructions)	21	
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	
23. Net Gambling Winnings	23	
24. Alimony and separate maintenance payments received	24	
25. Other (See instructions)	25	
26. Total income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)	26	24,099.
27. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS	27	
28. Other Retirement Income Exclusion (See Worksheet and instr.)	28	
29. New Jersey Gross Income (Subtract Line 28 from Line 26) See instructions	29	24,099.
30a. Exemptions: From Line 12a $1 \times \$1,000 = 1,000.$		
30b. From Line 12b $\times \$1,500 =$		
30c. Total Exemption Amount (Add Line 30a and Line 30b) Part Year Residents see instructions	30c	1,000.
31. Medical Exp/Medical Savings Acct Contributions (See Worksheet and instr.)	31	
32. Alimony and Separate Maintenance Payments	32	
33. Qualified Conservation Contribution	33	
34. Total Exemptions and Deductions (Add Lines 30c, 31, 32 and 33)	34	1,000.
35. Taxable Income (Subtract Line 34 from Line 29) If zero or less, MAKE NO ENTRY	35	23,099.
36. Property Tax Deduction (See instructions)	36	
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35) If zero or less, MAKE NO ENTRY	37	23,099.
38. Tax (From Tax Tables)	38	334.
39. Credit For Income Taxes Paid to Other Jurisdictions (See instructions)	39	
40. Balance of Tax (Subtract Line 39 from Line 38)	40	334.
41. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO	41	0
42. Total Tax (Add Line 40 and Line 41)	42	334.
43. Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099-R)	43	381.
44. Property Tax Credit (See instructions)	44	
45. New Jersey Estimated Tax Payments/Credit from 1999 tax return	45	
Check <input type="checkbox"/> if Form NJ-2210 is enclosed.		
46. New Jersey Earned Income Tax Credit	46	
47. EXCESS New Jersey UI/HC/WD Withheld (See instr.) (Enclose Form NJ-2450)	47	
48. EXCESS New Jersey Disability Insurance Withheld (See instr.) (Enclose Form NJ-2450)	48	
49. Total Payments/Credits (Add Lines 43 through 48)	49	381.

NJ-1040/HR-1040 (2000)

PAGE 3

Name CARDONA DIEGO		Social Security Number 139-48-2122	
50.	If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE	50	
If you owe tax, you may make a donation by entering an amount on Lines 53, 54, 55, 56, 57 and/or 58 and adding this to your check amount.			
51.	If payments (Line 49) are MORE THAN tax (Line 42) enter OVERPAYMENT	51	47.
NOTE: AN ENTRY ON LINES 52, 53, 54, 55, 56, 57 AND/OR 58 WILL REDUCE YOUR TAX REFUND.			
Deductions from Overpayment on Line 51 which you elect to credit to:			
52.	Your 2001 tax	52	
53.	The N.J. Endangered Wildlife Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	53
54.	N.J. Children's Trust Fund to Prevent Child Abuse	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	54
55.	The N.J. Vietnam Veterans' Memorial Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	55
56.	N.J. Breast Cancer Research Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	56
57.	U.S.S. New Jersey Educational Museum Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	57
58.	Other Designated Contribution	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other <input type="checkbox"/>	58
59.	Total Deductions from Overpayment (Add Lines 52 through 58)	59	
60.	REFUND (Amount to be sent to you, Line 51 LESS Line 59)	60	47.

EARNED INCOME TAX CREDIT SCHEDULE

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2000, your gross income on Line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your Federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer "No" to question 1 below. See instructions.

1. Did you file a 2000 Federal Schedule EIC, on which you listed at least one "qualifying child"? ☐ Yes ☒ No
2. Fill in the box if you had the IRS figure your Federal Earned Income Credit ☐
3. Enter the amount of Federal Earned Income Credit from your 2000 Federal Form 1040 or 1040a
4. Enter 10% of amount on line 3 here and on Page 2, Line 46

2000 HR-1040 HOMESTEAD REBATE APPLICATION

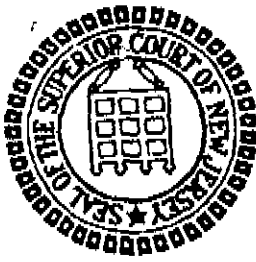
7. On December 31, 2000 I (and/or my spouse) was: ☐ Age 65 or older ☐ Blind or disabled ☐ Not 65 or blind or disabled
Fill in only one box. See instructions.
8. Enter the GROSS INCOME you reported on Line 29, Form NJ-1040 or see instructions
9. If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse's return (Line 29, Form NJ-1040) and check this box ☐
10. TOTAL GROSS INCOME (Add Line 8 and Line 9)
- STOP - IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE.
11. Enter your NJ residence on Dec. 31, 2000 if different than above. If you were not a resident on Dec. 31, 2000 enter your last NJ residence.
Street Address _____ Municipality _____
12. Check your residency status during 2000: a. ☐ Homeowner b. ☐ Tenant c. ☐ Both
13. If you checked "Homeowner" or "Both" on line 12, enter the block and lot number of the residence for which the rebate is claimed.
Block Lot Qualifier
- 14a. Did you live at more than one New Jersey residence during the year? ☐ Yes ☐ No
- b. Did you share ownership of a principal residence during the year with anyone, other than your spouse? ☐ Yes ☐ No
- c. Did any principal residence you owned during the year consist of multiple dwelling units? ☐ Yes ☐ No
- d. Did anyone, other than your spouse, occupy & share rent with you for an apt. or other rental dwelling during year? ☐ Yes ☐ No
- Home Owner 15. Total 2000 prop. taxes you (& your spouse) paid on your principal resid. in NJ during 2000
- 16a. Total Property taxes paid (Sch. HR-A, PART I, Line 5)
- 16b. Number of days as an owner (Sch. HR-A, PART I, Line 4)
17. Enter total rent you (and your spouse) paid on your principal residence in NJ during 2000
- Tenant 18a. Total Rent paid (Sch. HR-A, PART II, Line 11)
- 18b. Number of days as a tenant (Sch. HR-A, PART II, Line 10)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer ☐

UTSO NJ3

NTF 33502

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THE SUPERIOR COURT OF NEW JERSEY
Law Division, Special Civil Part

SUMMONS

YOU ARE BEING SUED!

IF YOU WANT THE COURT TO HEAR YOUR SIDE OF THIS LAWSUIT, YOU MUST FILE A WRITTEN ANSWER WITH THE COURT WITHIN 20 DAYS OR THE COURT MAY RULE AGAINST YOU. READ ALL OF THIS PAGE AND THE NEXT PAGE FOR DETAILS.

In the attached complaint, the person suing you (who is called *the plaintiff*) briefly tells the court his or her version of the facts of the case and how much money he or she claims you owe. **You are cautioned that if you do not answer the complaint, you may lose the case automatically**, and the court may give the plaintiff what the plaintiff is asking for, plus interest and court costs. If a judgment is entered against you, a Special Civil Part Officer may seize your money, wages or personal property to pay all or part of the judgment and the judgment is valid for 20 years.

You can do one or more of the following things:

1. *Answer the complaint.* An answer form is available at the Office of the Clerk of the Special Civil Part. The answer form shows you how to respond in writing to the claims stated in the complaint. If you decide to answer, you must send it to the court's address on page 2 and pay a \$10 filing fee with your answer and send a copy of the answer to the plaintiff's lawyer, or to the plaintiff if the plaintiff does not have a lawyer. Both of these steps must be done **within 20 days (including weekends)** from the date your were "served" (sent the complaint). That date is noted on the next page.

AND/OR

2. *Resolve the dispute.* You may wish to contact the plaintiff's lawyer, or the plaintiff if the plaintiff does not have a lawyer, to resolve this dispute. **You do not have to do this unless you want to.** This may avoid the entry of a judgment and the plaintiff may agree to accept payment arrangements, which is something that cannot be forced by the court. Negotiating with the plaintiff or the plaintiff's attorney will not stop the 20 day period for filing an answer unless a written agreement is reached and filed with the court.

AND/OR

3. *Get a lawyer.* If you cannot afford to pay for a lawyer, free legal advice may be available by contacting Legal Services a 908-354-4340. If you can afford to pay a lawyer but do not know one, you may call the Lawyer Referral Services of your local county Bar Association at 908-353-4715.

If you need an interpreter or an accommodation for a disability, you must notify the court immediately.

La traducción al español se encuentra al dorso de esta página.


Clerk of the Special Civil Part

Demand Amount	\$1,971.16
Filing Fee	\$
Service Fee	\$
Attorneys Fee	\$
TOTAL	\$

MELLINGER & SANDERS, P.A.
101 Gibraltar Drive, Suite 2F
Morris Plains, New Jersey 07950
(973) 267-0220
Attorneys for Plaintiff

FLEET NATIONAL BANK, as successor by merger
to SUMMIT BANK,

Plaintiff,

VS.

OSCAR SUAREZ AND
DIEGO CARDONA

Defendant(s).

Defendant(s) Information: Name, Address & Phone

DIEGO CARDONA
12 WILSON TERRACE, ELIZABETH, NEW JERSEY 07208

DATE SERVED: APR 30 2001

RETURN OF SERVICE IF SERVED BY COURT OFFICER (For Court Use Only)

Docket Number: _____ Date: _____ Time: _____
WM _____ WF _____ BM _____ BF _____ OTHER _____
HT _____ WT _____ AGE _____ MUSTACHE _____ BEARD _____ GLASSES _____
NAME: _____ RELATIONSHIP _____
Description of Premises: _____

I hereby certify the above to be true and accurate: _____ Court Officer

RETURN OF SERVICE IF SERVED BY MAIL (For Court Use Only)

I, _____, hereby certify that on _____,
I mailed a copy of the within summons and complaint by regular and certified mail-return receipt requested.

Employee
Signature

RECEIVED/FILED
2001 APR 16 AM 8:58
SPECIAL CIVIL PART
SUPERIOR COURT
UNION COUNTY
CIVIL ACTION
SUMMONS
(Contract)

DOCKET NO.: DC-3336-01

ATLANTIC COUNTY

Deputy Clerk of the Superior Court
Civil Division, Direct Filing
1201 Bacharach Blvd., First Fl.
Atlantic City, NJ 08401
LAWYER REFERRAL
1-609-345-3444
LEGAL SERVICES
1-609-348-4200

BERGEN COUNTY

Deputy Clerk of the Superior Court
Case Processing Section, Room 119
Justice Center, 10 Main St.
Hackensack, NJ 07601-0769
LAWYER REFERRAL
1-201-488-0044
LEGAL SERVICES
1-201-487-2166

BURLINGTON COUNTY

Deputy Clerk of the Superior Court
Central Processing Office
Attn.: Judicial Intake
First Fl., Courts Facility
49 Rancocas Rd.
Mt. Holly, NJ 08060
LAWYER REFERRAL
1-609-261-4862
LEGAL SERVICES
1-609-261-1088

CAMDEN COUNTY

Deputy Clerk of the Superior Court
Civil Processing
1st F., Hall of Records
101 S. Fifth Street
Camden, NJ 08103
LAWYER REFERRAL
1-856-964-4520
LEGAL SERVICES
1-856-338-9227

CAPE MAY COUNTY

Deputy Clerk of the Superior Court
9 N. Main Street
Box DN-209
Cape May Court House, NJ 08210
LAWYER REFERRAL
1-609-463-0313
LEGAL SERVICES
1-609-463-3001

CUMBERLAND COUNTY

Deputy Clerk of the Superior Court
Civil Case Management Office
Broad & Fayette Sts., PO Box 615
Bridgeton, NJ 08302
LAWYER REFERRAL
1-856-452-5291
LEGAL SERVICES
1-856-451-0003

ESSEX COUNTY

Deputy Clerk of the Superior Court
Civil Division, Direct Filing
50 West Market Street
Room 131
Newark, NJ 07102
LAWYER REFERRAL
1-973-622-7753
LEGAL SERVICES
1-973-624-4500

GLOUCESTER COUNTY

Deputy Clerk of the Superior Court
Civil Case Management Office
Attn.: Intake
First Fl., Court House
1 North Broad Street, PO Box 129
Woodbury, NJ 08069
LAWYER REFERRAL
1-856-848-4589
LEGAL SERVICES
1-856-848-5360

HUDSON COUNTY

Deputy Clerk of the Superior Court
Superior Court, Civil Records Dept.
Brennan Court House-1st Floor
583 Newark Avenue
Jersey City, NJ 07306
LAWYER REFERRAL
1-201-798-2727
LEGAL SERVICES
1-201-792-6363

HUNTERDON COUNTY

Deputy Clerk of the Superior Court
Civil Division
65 Park Avenue
Flemington, NJ 08862
LAWYER REFERRAL
1-908-735-2611
LEGAL SERVICES
1-908-782-7979

MERCER COUNTY

Deputy Clerk of the Superior Court
Local Filing Office, Courthouse
175 South Broad St., PO Box 8068
Trenton, NJ 08650
LAWYER REFERRAL
1-609-585-6200
LEGAL SERVICES
1-609-695-6249

MIDDLESEX COUNTY

Deputy Clerk of the Superior Court
Administration Building
Third Floor
1 Kennedy Sq., PO Box 2633
New Brunswick, NJ 08903-2633
LAWYER REFERRAL
1-732-828-0053
LEGAL SERVICES
1-732-249-7600

MONMOUTH COUNTY

Deputy Clerk of the Superior Court
Civil Division, Direct Filing
1120 Montross Park
PO Box 1269
Freehold, NJ 07728-1262
LAWYER REFERRAL
1-732-431-5544
LEGAL SERVICES
1-732-866-0020

MORRIS COUNTY

Deputy Clerk of the Superior Court
Civil Division
30 Schuyler Pl., PO Box 910
Morristown, NJ 07960-0910
LAWYER REFERRAL
1-973-267-5882
LEGAL SERVICES
1-973-285-6911

OCEAN COUNTY

Deputy Clerk of the Superior Court
Court House, Room 119
118 Washington Street
Toms River, NJ 08754
LAWYER REFERRAL
1-732-240-3666
LEGAL SERVICES
1-732-341-2727

PASSAIC COUNTY

Deputy Clerk of the Superior Court
Civil Division
Court House
77 Hamilton St.
Paterson, NJ 07505
LAWYER REFERRAL
1-973-278-9223
LEGAL SERVICES
1-973-345-7171

SALEM COUNTY

Deputy Clerk of the Superior Court
92 Market St., PO Box 18
Salem, NJ 08079
LAWYER REFERRAL
1-856-935-5629
LEGAL SERVICES
1-856-338-9227

SOMERSET COUNTY

Deputy Clerk of the Superior Court
Civil Division Office
New Court House, 3rd Fl.
PO Box 3000
Somerville, NJ 08876
LAWYER REFERRAL
1-908-685-2323
LEGAL SERVICES
1-908-231-0840

SUSSEX COUNTY

Case 01-39673-NL Doc 1 Filed 08/29/01 Entered 08/29/01 11:22:00 Desc
Deputy Clerk of the Superior Court
Sussex County Judicial Center Converted from ECM (10126709) Page 40 of 55

43-47 High Street

Newton, NJ 07860

LAWYER REFERRAL

1-973-267-5882

LEGAL SERVICES

1-973-383-7400

UNION COUNTY

Deputy Clerk of the Superior Court

1st Fl., Court House

2 Broad Street

Elizabeth, NJ 07207-6073

LAWYER REFERRAL

1-908-353-4715

LEGAL SERVICES

1-908-354-4340

WARREN COUNTY

Deputy Clerk of the Superior Court

Civil Division Office

Court House

Belvidere, NJ 07823-1500

LAWYER REFERRAL

1-973-267-5882

LEGAL SERVICES

1-908-475-2010

MELLINGER & SANDERS, P.A.
101 Gibraltar Dr., Suite 2F
Morris Plains, New Jersey 07950
(973) 267-0220
Attorney(s) for Plaintiff(s)

FLEET NATIONAL BANK, as successor by
merger to SUMMIT BANK,

Plaintiff,

VS.

OSCAR SUAREZ AND
DIEGO CARDONA,

Defendant(s).

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: SPECIAL CIVIL PART
UNION COUNTY

DOCKET NO.:

CIVIL ACTION
AMENDED COMPLAINT
(CONTRACT)

Plaintiff, FLEET NATIONAL BANK, as successor by merger to SUMMIT BANK, with
principal offices at 335 Ridge Road, Dayton, New Jersey by way of Complaint says:

1. On or about April 15, 1998, Plaintiff entered into an Agreement with the defendant(s),
OSCAR SUAREZ AND DIEGO CARDONA, wherein the plaintiff did covenant and agree to
advance and loan cash unto the defendant(s) pursuant to a Note Agreement. A copy of said Note,
together with Credit Application and account printout is attached hereto and made a part hereof.

2. Pursuant to the said Agreement, the plaintiff did advance certain sums unto the
defendant(s) upon which there is now principal due of \$1,541.17 plus interest of \$180.34 and late fee
of \$20.00 or a total sum of \$1,746.51.

3. Said Note provides that the plaintiff may charge a collection fee of 20% of the first
\$500.00 of the indebtedness and 10% on any debt over \$500.00 up to \$2,000.00, and 5% of any
amount in excess of \$2,000.00 plus all court costs and all other costs allowed by law, including

reasonable attorney's fees. Thus the defendant(s) are indebted to the plaintiff in the sum of \$224.65 for collection costs pursuant to said Agreement.

4. Jurisdiction lies in Union County as the defendant, OSCAR SUAREZ, resided at 524 3rd Avenue, Apt. #3, Elizabeth, New Jersey at the time he executed the Note and credit application.

5. Defendant(s) defaulted upon payment on or about October 20, 2000.

6. Demand for payment has been made upon said defendant(s) and said defendant(s) have failed and refused to pay same.

WHEREFORE, plaintiff demands judgment against defendant(s) OSCAR SUAREZ AND DIEGO CARDONA, jointly and severely, in the sum of \$1,971.16 together with lawful interest and costs of suit.

CERTIFICATION

I hereby certify that the matter in controversy is not the subject of any other action pending in any court, or of a pending arbitration proceeding. I do not know of any other contemplated action or proceeding.

MELLINGER & SANDERS, P.A.
Attorneys for Plaintiff

BY:


LOUIS MELLINGER, ESQ.

Dated: March 29, 2001

ANNUAL PERCENT RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The amount the credit will cost you.	PRINCIPAL AMOUNT The amount of credit provided to you or on your behalf.	TOTAL AMOUNT PAID The amount you will have paid after you have made all scheduled payments.
14.00 %	\$ 121.56	\$ 4,000.00	\$ 4,221.56

Your payment schedule will be:

No. of Payments	Am't. of Payments	When Payments Are Due
36	\$ 134.71	Monthly, beginning 08/15, 1998
	\$	

Security: You are giving a security interest in:
 () the goods or property being purchased
 () (brief description of other property)

Filing Fee:
 Late Charges: If a payment is late, you will be charged 5% of the payment.
 Prepayment: If you pay off early, you will not have to pay a penalty.
 See below and your other loan documents for any additional information about prepayment, default, any required repayment in full before the scheduled date, and prepayment, refunds and penalties.
 * means an estimate.

1. Amount given to you directly	\$ 4,000.00
2. Amount paid on your account (payoff of your existing loan with us)	\$
3. Amount paid to others on your behalf (a) to public officials or dealer paid in cash	\$
(b) to	\$
(c) to	\$
(d) to	\$
(e) to	\$
(f) to	\$
subtotal	\$ 4,000.00
(a) to insurance company	\$
credit life insurance	\$
credit accident & health	\$
4. Prepaid Finance Charge	\$ -0-
5. Amount Financed (A + B - C)	\$ 4,000.00

You are the person (or persons) who signs as "Borrower" or "Co-Signer" below.
 The words "we", "us" or "Bank" refer to Summit Bank.
 YOU PROMISE TO PAY TO US or to our order, at any of our offices, the Principal Amount of

Four Thousand Dollars and 00/100 Dollars (\$ 4,000.00)
 plus interest on the unpaid part of the Principal Amount at the interest rate stated in this Note. In the number and amount of payments shown in the Payment Schedule. Payments are due beginning on the date indicated in the Payment Schedule and on the same day of each following month until we are paid in full. You may pay in all or part of the balance due at any time, without penalty or interest.
 Unless specifically stated in this Note, a security interest is not retained in your or any other person's principal dwelling to secure this loan, no matter what an agreement we have with you says.
 Interest Rates: Interest will be imposed on the unpaid part of the Principal, beginning on the date of this Note at the fixed rate of 14.00 % per year.
 Late Charges: If you have not paid any installment within 15 days of the date it is due, you will pay a late charge of 5% of the unpaid installment. Payments are not to have been made on the banking day payment is received by the Bank; payments received after 3:00 p.m. will be considered made the next banking day.
 Security Agreement: As security for the prompt payment of the sums you owe and the proper performance of your promises in this Note, you and all the "Owners" below grant us: (i) a security interest in the following personal property, and its equipment and accessories:

Our security interest includes parts, called "accessions," added to the personal property at any later time

(a) a Mortgage upon the real property located at
 All the property which secures this Note is called the "Collateral." Our rights and your responsibilities regarding any personal property Collateral are provided in this Agreement, which continues on the reverse side. Our rights in any real property Collateral are contained in the separate Mortgage you have signed.
 IF NO REAL OR PERSONAL PROPERTY IS IDENTIFIED ABOVE, THIS NOTE IS UNSECURED, notwithstanding what any other agreement you have with us says.

Flood Insurance: If checked ☐, insurance is required against flood damage to the Collateral. Even if flood insurance is not required at this time, you understand it may be required to purchase it at any time during the term of the loan if your property is located within an identified Special Flood Hazard Area (SFHA). You understand that if you do not obtain and/or maintain adequate flood insurance coverage, we will obtain flood insurance on your behalf and require you to reimburse the premiums (including any fees and/or brokerage commissions) payable to us or to any third party.
 Property Insurance: Insurance against physical damage to the Collateral is required for the full term of this Note.
 FLOOD INSURANCE AND PROPERTY INSURANCE MAY BE OBTAINED THROUGH ANY AGENT, BROKER, OR OTHER PERSON OF YOUR CHOICE. See Insurance Note on the reverse side.

Set-Off: The law gives us a right of set-off in any of your property in our possession at any time, including deposit accounts. This means that, if you default, we exercise our right of set-off and apply any of your property in our possession, including deposit accounts, to the sums you owe on this Note.
 How Interest is Charged: The Finance Charge consists only of interest imposed daily on the outstanding balance of the Principal Amount. The Finance Charge shown was figured by assuming that all payments were received on their due dates. If any payment is late, you must pay more Finance Charge than is shown because additional interest is imposed. If you pay early, the Finance Charge will be less. The amount of the increase or decrease in your Finance Charge will be due with payment, which will be modified to reflect the actual amount then due.

CREDIT INSURANCE: You understand that Credit Life or Disability ("accident and health") insurance is not required in order to obtain your loan. If you qualify for it, you do take it, you will be required to pay the cost of it. The insurance, which is described in the Notice of Proposed Insurance on the reverse side, will cover only borrowers who sign below in this "Credit Insurance" section. Credit Life insurance is available to both borrowers but Disability insurance is available to the first borrower only. You understand that any such insurance may not cover all payments needed to pay your loan in full. By signing in this section, you indicate your intent to obtain the following insurance:

Types of Credit Life Coverage Available:
 () If your loan provides for repayment in equal monthly installments, you may choose what is known as "reducing coverage". The amount of insurance will be the Total of Payments, as explained in more detail in the Notice of Proposed Insurance.
 () If your loan provides for repayment in equal monthly installments but with a larger final (balloon) payment, you may choose what is known as "flat pay-off" coverage. The amount of insurance will be the unpaid balance of the amount shown as the Principal Amount plus accrued interest, as explained in more detail in the Notice of Proposed Insurance.

Credit Insurance Desired:
 (1) Credit Life for the first Borrower only. The premium is \$
 (2) Credit Life and Disability for the first Borrower only. The premium is \$
 (3) Credit Life for first and second Borrowers. The premium is \$
 (4) Credit Life for first and second Borrowers and Disability for first Borrower only. The premium is \$

Signature of First Borrower _____ Age _____ Signature of Second Borrower _____
 BY SIGNING BELOW, YOU AGREE TO ALL OF THE TERMS OF THIS NOTE. YOU ALSO ACKNOWLEDGE RECEIVING A COMPLETED COPY OF THIS NOTE.
 Borrower's Signature: OSCAR F. SUAREZ Address: 824 2ND AVE APT 21 ELIZABETH NJ 07208
 Borrower's Signature: DIEGO A. CARDONA Address: 448 WILSON AVE ELIZABETH NJ 07208

NOTICE TO CO-SIGNER
 You are being asked to guarantee this debt. Think carefully before you do. If the Borrowers don't pay the debt, you will have to. So you can afford to you have to, and that you want to accept this responsibility.
 You may have to pay up to the full amount of the debt if the Borrowers does not pay. You may also have to pay late fees or collection costs, which increase amount.
 The Bank can collect this debt from you without first trying to collect from the Borrowers. The Bank can use the same collection methods against you that used against the Borrowers, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become a part of your credit record.
 Co-Signer's Surety Agreement: You, the person signing as "Co-Signer" below, promise to pay to us or to our order the Principal Amount, plus interest and other as provided in this Note. You agree to be bound by the terms of this Note, separately and together, with Borrowers. You are making this promise to induce us to the loan to the Borrowers, even though the proceeds will be used only for the Borrowers' benefit. You agree that we may seek immediate payment from you making any prior demand for payment upon the Borrowers. You also acknowledge receiving a completed copy of this Note.

Co-Signer's Signature _____ Address _____ Date _____

This section to be signed by owner who is not a borrower.

Owner's Security Agreement: You, the person signing as "Owner" below, grant us a security interest in the Collateral identified above. There are no other owners Collateral besides you and the Borrowers. If the Collateral consists of personal property, you agree to be bound by the terms of the Security Agreement on this Note. If the Collateral consists of real property, you agree to be bound by the terms of the Mortgage. You are granting us this security interest to induce us to loan to the Borrowers and to secure the payment by the Borrowers of all sums due under this Note. If, upon default and sale of the Collateral, there remains any due us on the Note, you will not be obligated to pay us that sum.

Owner's Signature _____ Address _____ Date _____

AUTHORIZATION TO CHARGE ACCOUNT
 By signing this Authorization, you authorize the Bank to charge your checking/savings account # 4089012744 every month, in order to satisfy the payment that is due to us on this loan. We will make each charge on the payment due date (or, if that is a Saturday, Sunday or legal holiday, the next business day). This authorization is by begin with the first loan payment that is due.
 This Authorization is neither transferable nor negotiable.

Signature of Oscar F. Suarez _____ Signature of Diego A. Cardona _____
 OSCAR F. SUAREZ DIEGO A. CARDONA

Convertible Note. You may change its address by giving such a notice to the other party. If you fail to give such a notice, we may not be able to collect the amount due to us. If you fail to make any payment to us on or before the day it becomes due: (i) you provide us with false information or signatures at any time; (ii) you die or become legally incompetent; (iii) you do not promptly and properly perform any of your promises or obligations in this Note, the Security Agreement, or in any other note or agreement you now or later have with us; (iv) you cannot pay any of your debts as they come due; (v) proceedings are begun under the Bankruptcy Code by or against you; (vi) any judgment is entered or recorded against you; (vii) any of your property is attached or subject to being foreclosed; or (viii) if this Note is secured, there is a decline in the value of the Collateral to such an extent that in our judgment this Note is insufficiently secured.

If your loan is in default, we can still accept payments from you. Such payments will not cure your default, but they will be applied against your unpaid balance. Collection Costs: If we sue you to collect this Note, you will pay us the following costs: 20% of the first \$500 of the unpaid balance of the loan, 10% of the amount over \$500 up to \$2,000, and 5% of any amount in excess of \$2,000; plus all court costs and all other costs allowed by law including reasonable attorney fees whether or not the attorney is employed by us. We will continue to impose interest daily on all sums owed to us as provided in this Note until we receive payment in full.

Prepayment: You can pay off your loan balance at any time before it is due without penalty. If you pay off early, you will pay us the interest due up to the date of payment. We will refund to you any unearned credit insurance charge if it is more than \$1.00 according to a commonly used calculation known as the "Rule of 78's".

Return Check Charge: If for any reason a check of yours is returned unpaid, you agree to pay us the return check service charge in effect at that time in the Bank for deposit accounts.

Notices: Each demand or notice under this Note shall be delivered or sent by regular mail, addressed to the party at its address as provided in this Note.

Waiver: If we declare the unpaid balance of the Note and earned interest immediately due and payable, you waive your rights to require us to do things. Those things are: (i) to demand payment of amounts due (known as "presentment"); (ii) to give notice that amounts due have not been paid (known as "notice of dishonor"); and (iii) to obtain an official certification of non-payment (known as "protest").

We waive the right to treat any property other than the Collateral as security for this Note. A waiver of any other of our rights under this Note will not be effective unless it is in a signed writing.

No Hardship or Loss of Rights: We can do any of the following without notice or giving any rights against you or the Collateral: (i) accept a check or other instrument "paid in full" or with similar language as a partial payment under this Note; (ii) give additional time for payment of any amount owing under this Note; (iii) give up or delay exercising any right against any person or property; (iv) add or release any person or property obligated under this Note; or (v) protect or enforce our interest in any of the Collateral.

Benefit And Burden: All the benefits of this Note shall favor us, our successors and assigns. The obligations shall bind you, your heirs, personal representatives and assigns.

Multiple Parties: If there is more than one Borrower on this Note, or one Co-Signers, all of your obligations shall be primary. Each of you will be separately and together, for all of your promises in this Note.

Law: This Note will be governed by the laws of the state of New Jersey. Federal laws apply.

SECURITY AGREEMENT

As used in the following sections of this Security Agreement, the words "you" and "yours" also include any Owner of the

Security Interest: By signing this Note and Security Agreement, you grant us what is known as a security interest in the property described as Collateral on the front side of this Note. The security interest will secure all amounts you owe us under this Note, plus interest. All Collateral (such as cash from the sale of the property) and all replacements and additions to the Collateral are also covered by the security interest.

Ownership Of The Property: You are the sole owner of the Collateral except for anyone identified as "Owner" on the front of this Note and Agreement. No other person or organization has a security interest in it or other claim to it. You will not give anyone else a security interest in the Collateral, sell it, lease it, or give it away, as long as your Note to us remains unpaid.

Maintenance Of The Collateral: At your cost, you will maintain the Collateral in good condition, and will protect it against loss, damage, and destruction from any cause. You also promise to:

1. pay all taxes and other charges on the Collateral;
2. have our security interest shown on any certificate of ownership or other title for the Collateral, and mail the original certificate to us within 5 days of the date of the title;
3. permit us to inspect the Collateral at all reasonable times;
4. notify us in writing immediately if the Collateral is significantly damaged or stolen;
5. notify us in writing immediately if you change your address;
6. do all that is necessary to protect our security interest in the Collateral.

Special Provisions: This section applies only if the Collateral consists of securities or promissory notes. You agree that the exercise of reasonable care does not require us to (i) take steps to preserve your rights under the securities or notes against other parties; (ii) collect interest or dividends on the notes or securities; or (iii) present the securities or notes for payment or conversion, unless you specifically request us to do so.

Collateral Insurance: Please refer to the Property Insurance notice which is below.

Default: You will have possession and use of the Collateral unless one event of default, as described above, occurs.

Remedies On Default: If any act occurs that constitutes default, you will have the Collateral to us upon our request, or we can take it ourselves without your consent. We can sell the Collateral at a public or private sale. If the law requires, we will give you advance notice of the sale, you agree that 10 days will be enough. We also have the right to take any personal possessions found in the Collateral covered by this Agreement at the time it is repossessed. If within 60 days of repossession you do not reclaim these personal possessions, we may sell them abandoned and sell or otherwise dispose of them. We may, to the extent permitted by law, pay our expenses in repossession and selling the Collateral (including our attorney's fees) out of the money that we receive from the sale. If the money we receive is not enough to repay what you owe us, you will still have to pay the difference.

Additional Remedies Upon Default: If the Collateral consists of securities or promissory notes, we can to the extent permitted by law vote the securities or transfer the Collateral into our name or the name of our designee. We can also vote the securities or promissory notes to cash directly to us all interest and dividends that become payable. We have no duty to preserve your rights against other parties.

Continued Effectiveness: If any part of this Agreement is determined by a court to be invalid, the rest will remain in effect.

Assignment: We can delay enforcing any of our rights under this Agreement by giving them. Any waiver by us of any provision of this Agreement will not be binding on us if the name or any other provision on any other occasion. We release any other security for the loan without affecting your obligations. Law: This agreement will be governed by the laws of the State of New Jersey.

PROPERTY INSURANCE

Property Insurance is required by us against loss or damage to the Collateral. You may choose the insurance carrier from which such insurance is to be obtained, as long as the company is acceptable to us. The deductible amount of your policy will be no more than \$500.00 for comprehensive and collision coverage. Fire insurance coverage for the replacement cost of all structures is required to be obtained and maintained at your cost and expense until this account is closed and the balance of this loan is paid in full. Your insurance policy must contain what is known as a "Standard Mortgage Clause" and we must be named as mortgagee. If you do not reimburse the Bank for the cost of the insurance (including any fees and/or brokerage commissions whether payable to us or to any third party) within a reasonable amount of time, you understand that we have the right to add the amount due to your outstanding loan balance which will accrue interest at the annual percentage rate in effect.

FLOOD INSURANCE

Flood Insurance may be required at any time during the term of the loan if it is determined that your property is located within an Identified Special Flood Hazard (SFHA). You may choose the insurance carrier from which such insurance is to be obtained, as long as the company is acceptable to us. You must obtain and maintain such required insurance at your cost and expense until this account is closed and the unpaid balance of this loan is paid in full. If you fail to obtain said coverage, we will obtain it on your behalf for which you will reimburse the Bank. If you do not reimburse the Bank for the cost of the insurance (including any fees and/or brokerage commissions whether payable to us or to any third party) within a reasonable amount of time, you understand that we have the right to add the amount due to your outstanding loan balance which will accrue interest at the annual percentage rate in effect.

NOTICE OF PROPOSED INSURANCE

If you signed the Authorization on the reverse side requesting Group Credit Life Insurance or Group Credit Life and Disability Insurance coverage and a charge coverage is included in the Statement of Amount Financed section, the Bank will make an application for you to Union Security Life Insurance Company, Georgia (called "Insurer") for the coverage or coverages.

The Insurer has the right to accept or reject you for coverage. You are not eligible for coverage if you have reached your 65th birthday on the date your debt is accepted, our coverage will start on the date your debt begins and will end on the date your last payment on the debt is scheduled to be paid. A showing your coverage will be sent to you within 30 days after the date your debt begins. The Bank will refund to you the amount of any charge for coverage if the Insurer does not issue to you.

If you elected reducing coverage, the amount of your insurance during the first month will be the amount shown on the reverse side as Total of Payments for the term into the Total of Payments. Each month after that, your insurance will decline by an equal amount. The amount is determined by dividing the number of months in the term into the Total of Payments. The amount of insurance will include any payment that is not more than 31 days past due on the date of your death. If you elect pay-off coverage, the amount of insurance will be the unpaid balance of the amount financed shown on the reverse side, not more than 60 days in arrears secured interest. If your original amount financed exceeds the original amount of insurance then your insurance amount will be reduced equally by the original amount of insurance to the original amount financed. If the amount of insurance in force exceeds the amount owed to the Bank, the excess will be paid to the Second Beneficiary. The life insurance will not be paid if you commit suicide, while sane or insane, within 2 years after the effective date of your coverage has been authorized, the provisions for life insurance apply to both debtors but not more than one death benefit will be paid. The death benefit will be for the first to die of the borrowers and the coverage will end on the survivor. If both borrowers die at the same time, we will assume that the first borrower

Disability Insurance is available for the first borrower only. If accepted for disability coverage and you become totally disabled within your term of coverage by accident or sickness for more than 14 days, the Insurer will pay the Bank 1/30th of the amount of your monthly installment payment for each day you are disabled beginning with the first day you were disabled last, your monthly installment payment must not exceed \$500.00 and the combination for all disability benefits on this debt and any other debts which you have with the Bank that are insured with the Insurer must not exceed \$50,000. No benefit will be paid if resulting from (a) intentional self-infliction or injury; (b) flight in non-scheduled aircraft; (c) service with a military unit in time of war (all war or any act of war); (d) elective abortion or pregnancy, except complications of pregnancy as defined by the laws and regulations of this state, whether existing on the date of the act or occurring thereafter; or (e) residence outside the continental limits of the United States or Canada.

	PAYOFF	BALANCES	CURRENT	BALANCES	EFFECTIVE DTE	ADJ
TOT PRINCIPAL		1,541.17		1,541.17		
TOT INTEREST		168.79		156.17		12.62
TOT INSURANCE		.00		.00		.00
TOT DEALER REB		.00		.00		.00
TOT LATE FEES		25.00		25.00		
TOT OTHER CHGS		.00		.00		
TOT MISC FEES		.00		.00		
TOT MIN INT		.00		.00		.00
TOT EXTN FEES		.00		.00		
TOT PREPAY PEN		.00		.00		.00
TOT ADVANCE FEES		.00		.00		

TOT PAYOFF		1,734.96	GOOD THRU 02/28/01		ADJ DAYS	23
TOT OL PRIN		.00	TOT CUR PERDIEM			.54
TOT OL OTH		.00				

CUSTOMER 3856607 LOAN 0001 DATE 0228012 LOG N TYPE _____

====> _____ PF05=S150 09=STLN 10=TRAC

immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF PERSON FOR WHOM BENEFIT PROPERTY WAS SEIZED, DATE OF SEIZURE and DESCRIPTION AND VALUE OF PROPERTY.

☐ None 5. Repossessions, Foreclosures, and Returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR OR SELLER, DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN and DESCRIPTION AND VALUE OF PROPERTY.

6. Assignments and Receiverships

☒ None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF ASSIGNEE, DATE OF ASSIGNMENT and TERMS OF ASSIGNMENT OR SETTLEMENT.

☒ None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CUSTODIAN, NAME AND LOCATION OF COURT, CASE TITLE & NUMBER, DATE OF ORDER and DESCRIPTION AND VALUE OF PROPERTY.

☒ None 7. Gifts

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF PERSON OR ORGANIZATION, RELATIONSHIP TO DEBTOR, IF ANY, DATE OF GIFT, and DESCRIPTION AND VALUE OF GIFT

☒ None 8. Losses

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give DESCRIPTION AND VALUE OF PROPERTY, DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS and DATE OF LOSS.

☐ None 9. Payments Related to Debt Counseling or Bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

Give NAME AND ADDRESS OF PAYEE, DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR and AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY.

☒ None 10. Other Transfers

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR, DATE, and DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

Mitsubishi Galant 1999

\$750.00 to Anna C. Little, Esq.
300 Kimball Street suite 106
Woodbridge, NJ 07095

P.O. BOX 6044
CYPRESS, CA 90630-0044
(800) 238-5851
FAX: (714) 816-2301



December 29, 2000

DIEGO CARDONA
935 S ELMORA AVE #1
ELIZABETH NJ 67202

RE: Account#: 99006722259000000
Year: 99
Make: MITS
Model: GALANT

Dear Mr./Ms. DIEGO CARDONA :

The above referenced vehicle has been sold and an outstanding balance of \$6,128.55 remains due on your account. Under the terms of your contract you are responsible for the payment of this amount plus all interest which accrues on the unpaid balance.

Please send the total amount due to reach me within (10) ten days from the date of this letter or, contact office to arrange a re-payment schedule.

Sincerely,

LYNN CARMICHAEL
Sr. Recoveries Consultant
(800) 238-5851



ROUTE 22 WEST
N. PLAINFIELD, NJ 07060
(908) 757-4000

DATE 10-5-98

PURCHASER'S NAME		DIEGO A CARDONA		STOCK #		X135MI	
ADDRESS		445 ELMORA AV. ELIZABETH NJ		ZIP CODE		07208	
RESIDENCE PHONE		908-5587054		BUSINESS PHONE		973-7622100	
PLEASE ENTER MY ORDER FOR		YEAR 1999		MAKE		MITS.	
MODEL		Edent		CARS		<input checked="" type="checkbox"/> CAR <input type="checkbox"/> TRUCK	
SERIES		GA41K		BODY TYPE		400	
ENGINE		<input type="checkbox"/> 3 CYL. <input type="checkbox"/> 4 CYL. <input checked="" type="checkbox"/> 6 CYL. <input type="checkbox"/> 8 CYL.					
COLOR		Bar. Red.		TRIM		6107	
CLOTH		<input checked="" type="checkbox"/> CLOTH		VINYL		<input type="checkbox"/> VINYL	
TOP		H1					
SERIAL #		4A3AA4642XE033358		TO BE DELIVERED ON			

Prior to Delivery of the vehicle listed above, customer shall elect one of the following and so advise dealership:

* Cash Purchase * Finance Purchase * Lease



IF A CREDIT SALE, REQUIRED INFORMATION CONTAINED ON A SEPARATE DISCLOSURE STATEMENT IS MADE A PART OF THIS ORDER.

IF A LEASE, COMPLETE DISCLOSURE OF ALL LEASE TERMS AND CONDITIONS IS CONTAINED ON A SEPARATE LEASE CONTRACT.

IF A LEASE, THE FOLLOWING APPLY:

MONTHLY PAYMENT AMOUNT \$ 360 incl

TERM: 39 MONTHS

MILEAGE PER YEAR 12000

CASH DUE AT DELIVERY \$ 2000

PRICE OF UNIT

Lease to be for 39 mths
First & last payments to be
\$360 incl VOR with
\$2000 term out of pocket
VOR Equip 12K x year

TOTAL		
*LESS NET TRADE-IN ALLOWANCE		
The Protector window etching - \$99.00 (\$2500 theft guarantee) (15% reduction on	\$99	.00

☒ None 11. Closed Financial Accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF INSTITUTION, TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE and AMOUNT AND DATE OF SALE OR CLOSING.

☒ None 12. Safe Deposit Boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY, NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY, DESCRIPTION OF CONTENTS and DATE OF TRANSFER OR SURRENDER, IF ANY.

☒ None 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF CREDITOR, DATE OF SETOFF and AMOUNT OF SETOFF.

☒ None 14. Property Held for Another Person

List all property owned by another person that the debtor holds or controls.
Give NAME AND ADDRESS OF OWNER, DESCRIPTION AND VALUE OF PROPERTY and LOCATION OF PROPERTY.

☒ None 15. Prior Address of Debtor

If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.
Give ADDRESS, NAME USED and DATES OF OCCUPANCY.

935 South Elmora Ave. Elizabeth, NJ -
Mario CARDONA and DOLLY CARDONA
12 Wilson Terrace Elizabeth, NJ -
Mario CARDONA and Alexander CARDONA

Unsworn Declaration under Penalty of Perjury.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date _____

Signature of Debtor: X Diego L CARDONA

Date _____

Signature of Joint Debtor (if any) _____

continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

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UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re: Diego CARDONA

Debtor(s)

Case No.
Chapter

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I, the debtor, have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. My intention with respect to the property of the estate which secures those consumer debts is as follows:
- a. *Property to Be Surrendered.*

Description of property

Creditor's name

H, U or J

none

- b. *Property to Be Retained (Specify Reaff'd, Red'd or Exempt to state debtor's intention concerning reaffirmation, redemption, or lien avoidance*.)*

Description of property

Creditor's name

Reaff'd
Red'd
Exempt

935 Soluth Elmora Ave. Elizabeth, NJ

Exempt

12 Wilson Terrace Elizabeth, NJ

Exempt

household furnishings

Exempt

clothing

Exempt

Mitsubishi Montero Sport

Exempt

3. I understand that § 521(2)(B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filing of this statement with the court, or within such additional time as the court, for cause, within such 45-day period fixes.

Date:

Diego CARDONA
Signature of Debtor

* Reaff'd - Debt will be reaffirmed pursuant to § 524(c)

Red'd - Property is claimed as exempt and will be redeemed pursuant to § 722

Exempt - Lien will be avoided pursuant to § 522(f) and property will be claimed as exempt

Diego CARDONA
Signature of Debtor

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re Diego CARDONA

Debtor(s)

Case No.

(If Known)

CHAPTER 13 PLAN

(If this form is used by joint debtors wherever the word "debtor" or words referring to debtor are used they shall be read as if in the plural.)

1. The future earnings of the debtor are submitted to the supervision and control of the trustee and the debtor — debtor's employer shall pay to the trustee the sum of \$ _____ weekly — bi-weekly — semi-monthly — monthly for a period of _____

2. From the payments so received, the trustee shall make disbursements as follows:

(a) Full payment in deferred cash payments of all claims entitled to priority under 11 U.S.C. §507.

(b) Holders of allowed secured claims shall retain the liens securing such claims and shall be paid as follows:

(c) Subsequent to — pro rata with dividends to secured creditors, dividends to unsecured creditors whose claims are duly allowed as follows:

3. The following executory contracts of the debtor are rejected:

Title to the debtor's property shall revert in the debtor on confirmation of a plan — upon dismissal of the case after confirmation pursuant to 11 U.S.C. §350.

Dated: Diego I. CARDONA Debtor

Acceptances may be mailed to _____ Post Office Address

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re Diego CARDONA Debtor(s) Case No. (If Known)

STATEMENT
Pursuant to Rule 2016(b)

The undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that:

- (1) The undersigned is the attorney for the debtor(s) in this case.
- (2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:
 - (a) for legal services rendered or to be rendered in contemplation of and in connection with this case \$ 750.00
 - (b) prior to filing this statement, debtor(s) have paid \$ 300.00
 - (c) the unpaid balance due and payable is \$ 450.00
- (3) \$ 200.00 of the filing fee in this case has been paid.
- (4) The services rendered or to be rendered include the following:
 - (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - (c) representation of the debtor(s) at the meeting of creditors.
- (5) The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
none other
- (6) The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
none other
- (7) The undersigned has received no transfer, assignment or pledge of property except the following for the value stated:
none
- (8) The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
no one

Dated: Respectfully submitted,  Attorney for Petitioner

Attorney's name and address

Anna C. Little, Esq.
300 Kimball St. Suite 106
Woodbridge, NJ 07095

BK 122
(8/84)

United States Bankruptcy Court

NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S)

If you intend to file a petition for relief under the bankruptcy laws of the United States, and your debts are primarily consumer debts, the Clerk of Court is required to notify you of each chapter of the Bankruptcy Code under which you may seek relief. You may proceed under:

Chapter 7—Liquidation, or
Chapter 11—Reorganization, or
Chapter 13—Adjustment of Debts of an Individual
with Regular Income

If you have any questions regarding the information contained in this notice, you should consult with your attorney.

Clerk of Court

ACKNOWLEDGMENT

I hereby certify that I have read this notice.

DATED: _____

Diego L. Cardona
Debtor

Joint Debtor, if any

INSTRUCTIONS: *If the debtor is an individual, a copy of this notice personally signed by the debtor must accompany any bankruptcy petition filed with the Clerk. If filed by joint debtors, the notice must be personally signed by each. Failure to comply may result in the petition not being accepted for filing.*

MATRIX

Capitol One Bank
P.O.Box 85147
Richmond VA 23276

NCO Financial Systems
P.O.Box 41457
Philadelphia PA 1911-1457

Sears Center
P.O.Box 182149
Columbus OH 43218-2149

Fleet
P.O.Box 15368
Wilmington DE 19886-5368

Chase
P.O.Box 15583
Wilmington DE 19886-1194

Direct Merchants Bank
P.O.Box 21550
Tulsa OK 74121-1550

Providian Financial
P.O.Box 9539
Manchester NH 03108 9539

Mitsubishi
P.O.Box 6044
Cypress CA 90630-0044

Summit Bank
c/o Melinger and Sanders
101 Gibraltar Drive suite 2F
Morris Plains NJ 07950